2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Jan 25, 2000 8:00 am Secretary of State **DOCUMENT # P93000084442** 1. Entity Name ISPHORDING, WHITE & RODEN P.A. 01-25-2000 90134 020 ***150.00 Principal Place of Business Mailing Address 901 VENETIA BAY BLVD 901 VENETIA BAY BLVD SUITE 110 SUITE 110 115889000VENICE FL 34292-4042 VENICE FL 34292 <u>i kerikerika kelebanah bana bank bank belah belah bank biak biak</u> 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0462170 ست شرور Anot A Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ISPHORDING, R.O. Street Address (P.O. Box Number is Not Acceptable) 901 VENETIA BAY BLVD. **STE 110** VENICE FL 34292 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Change Change ☐ Addition TITLE ☐ Delete ISPHORDING, R O NAME NAME 901 VENETIA BAY BLVD. STE. 110 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34292 ☐ Change Addition TITLE ☐ Defete TITLE WHITE, CLIFTON F NAME NAME STREET ADDRESS 901 VENETIA BAY BLVD. STE. 110 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34292 ☐ Change Addition ⇒ -- Delete TITLE .-TITLE RODEN, DONNA-LEE M NAME NAME STREET ADDRESS 901 VENETIA BAY BLVD. STE. 110 STREET ADDRESS CITY-ST-ZIP VENICE FL 34292 CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS the Committee of CITY-ST-ZIP CITY-ST-ZIP WALCH TO TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Additior ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MANUAL PROPERTISPHORDING

E AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

1/19/00 941-486-7751