## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED May 01, 2002 8:00 am secretary of State P94000004256 DOCUMENT # 1. Entity Name PRE-DEVELOPMENT CORPORATION 05-01-2002 91480 031 \*\*\*150 00 Principal Place of Business Mailing Address 23123 SOUTH STATE ROAD 7 23123 SOUTH STATE ROAD 7 949I16 SUITE 301 SUITE 301 **BOCA RATON FL 33428 BOCA RATON FL 33428** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 43-1706172 Not Applicable Zip Country Zip 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 GORDON, JAMES N Street Address (P.O. Box Number is Not Acceptable) 23123 STATE ROAD #7 SUITE 301 **BOCA RATON FL 33428** City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Defete TITLE ☐ Change Addition GORDON, JAMES N NAME NAME 23123 SOUTH #301 STATE ROAD #7 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33428** CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition E. STANLEY KROENKE NAME NAME 1001 CHERRY ST. CENTRE, SUITE 308 STREET ADDRESS STREET ADDRESS COLUMBIA MO 65201 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete -Change---- Addition -SCHALLER, VERN NAME 23123 SOUTH STATE ROAD #7 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33428** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME

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 ith all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

REQUIREJames N. Gordon RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/02