2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 22, 2000 8:00 am DOCUMENT # **P94000013245** Secretary of State 1. Entity Name CORSAIR CAPITAL CORPORATION 03-22-2000 90182 001 ***150 00 Principal Place of Business Mailing Address 800 SE MONTEREY COMMONS BLVD 50 S.E. KINDRED STREET SUITE 103 825900STUART FL 34996 STUART FL 34994-3061 US 2. Principal Place of Business 3. Mailing Address 1000 SE MONTEREY COMMONS P. O. BOX 2757 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE 300 1903 S. 25TH ST. SUITE 200 City & State Applied For City & State 4. FEI Number 65-0472651 FT. PIERCE, FL STUART, $_{ m FL}$ 34996 Not Applicable Zip Country Country \$8.75 Additional 34954 US 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent - 7. Name and Address of New Registered Agent Name MICHAEL D. MINTON KOHL, N. DEAN JR. Street Address (P.O. Box Number is Not Acceptable) 1903 S. 25TH STREET, 50 S.E. KINDRED ST. SUITE 200 SUITE 107 STUART FL 34994 City Zip Code 34947 FORT PIERCE changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity scremits this statement the purp MARCH / 9 SIGNATURE gistered agent and title if applicable (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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE X) Change Addition MORRIS, E. DANIEL NAME NAME MORRIS, E. DANIEL 800 S E MONTEREY COMMONS BLVD #103 STREET ADDRESS STREET ADDRESS 1000 SE MONTEREY COMMONS BLVD. #300 CITY-ST-ZIP CITY-ST-ZIP STUART FL 34996 STUART, FL 34996 D ☐ Addition ☐ Delete ☐ Change TITLE TITLE SABIN, CHARLES H NAME NAME 182 S E HARBOR POINT DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP STUART FL Delete -TITLE ☐ Change T Addition ŢĮŢĻĒ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH

2000

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Daytime Phone #