2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P94000020829 May 16, 2000 8:00 am Secretary of State ROBIN HOOD OF NAPLES, INC. 05-16-2000 90116 001 ***158.75 Principal Place of Business Mailing Address 4500 EXECUTIVE DR 4500 EXECUTIVE DR SUITE 300 SUITE 300 NAPLES FL 34119 NAPLES FL 34119-8908 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 65-0584253 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JANET P KELLY Street Address (P.O. Box Number is Not Acceptable) 4500 EXECUTIVE DR SUITE 300 NAPLES FL 34119 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, typed or printed name of registered 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 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) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. DIRECTUR INP ☐ Addition TITLE ☐ Delete NAME **ROBERT PAUL HARDY** NAME STREET ADDRESS STREET ADDRESS 4500 EXECUTIVE DRIVE SUITE 300 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL hange ☐ Addition TITLE TITLE NAME STANLEY, JOHN F. NAME STREET ADDRESS STREET ADDRESS 2660 AIRPORT ROAD SOUTH CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34112 ST Delete TITLE Change ☐ Addition NAME KELLY, JANET NAME STREET ADDRESS STREET ADDRESS 4500 EXECUTIVE DRIVE SUITE 300 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL ☐ Change ☐ Addition ☐ Delete TITLE NAME HARDY, ROBERT S NAME STREET ADDRESS STREET ADDRESS 4500 EXECUTIVE DRIVE, STE 300 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34119 ☐ Delete ☐ Change ☐ Addition TITLE

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.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Detete

☐ Change

☐ Addition