2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 30, 2001 8:00 am Secretary of State DOCUMENT # **P94000021417** VESTCOR-WR ASSOCIATES, INC. 04-30-2001 90399 031 ***150.00 Principal Place of Business Mailing Address 3020 HARTLEY ROAD 3020 HARTLEY ROAD **SUITE 300** SUITE 300 C0056720 JACKSONVILLE FL 32257 JACKSONVILLE FL 32257 ũ 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 59-3231315 Not Applicable Zip Zip 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 FARRELL, MARK T Street Address (P.O. Box Number is Not Acceptable) 3020 HARTLEY ROAD STE 300 JACKSONVILLE FL 32257 Zip Code 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. 1.50 . 27 . SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00 Change TITI F Delete ROOD, JOHN D NAME STREET ADDRESS STREET ADDRESS 3020 HARTLEY RD STE 300 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32257 TITLE ☐ Delete Change Addition NAME FARRELL, MARK T STREET ADDRESS 3020 HARTLEY ROAD STE 300 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32257 Change ☐ Addition Delete TITLE TITLE SMITH, BERNARD NAME NAME STREET ADDRESS 3020 HARTLEY ROAD STE 300 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32257 ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS ż CITY-ST-7IP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition $\alpha \, \xi$ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change | ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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.

NAME OF SIGNING OFFICER OR DIRECTOR

Bernard E. Smith

April 19, 2001

(904) 260-3030

Daytime Phone #