2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # **P94000065923** Jan 27, 2000 8:00 am 1. Entity Name **Secretary of State** DRENNAN PROPERTIES, INC. 01-27-2000 90073 004 ***150.00 Principal Place of Business Mailing Address 317 NELSON RD. 317 NELSON RD. BRYSON CITY NC 28713-8711 BRYSON CITY NC 28713 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 56-1925265 Not Applicable Country Zip \$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 SIEGLE, LIZA M Street Address (P.O. Box Number is Not Acceptable) 1401 E. BROWARD BLVD. SUITE 206 FT. LAUDERDALE FL 33301 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. 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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. DVP TIT) E ☐ Change Addition ☐ Delete TITLE DRENNAN, MARJORIE P NAME NAME STREET ADDRESS 317 NELSON RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRYSON CITY NC 28713** ☐ Addition ☐ Change ☐ Delete TITLE TITLE DRENNAN, MARJORIE P NAME NAME 317 NELSON RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRYSON CITY NC 28713** CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete GRENNAN, GREGG NAME NAME STREET ADDRESS STREET ADDRESS 832 SPRUCE DRIVE CITY-ST-ZIP CITY-ST-ZIP PAPILLION NE ☐ Addition ☐ Change TITLE ☐ Delete TITLE DRENNAN-OLDS, DEBRA NAME STREET ADDRESS STREET ADORESS 4531 LITTLE CREEK RD. CITY-ST-ZIP CITY-ST-ZIP NASHVILLE TN ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE T/T/ F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

DRENNAM