2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 30, 2001 8:00 am Secretary of State DOCUMENT # **P9400070680** FLORIDA CLUB REALTY COMPANY 04-30-2001 90013 031 ***150.00 Principal Place of Business Mailing Address 1380 SW KANNER HWY 1380 SW KANNER HWY STUART FL 34997 STUART FL 34997 646488 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 65-0536488 Not Apolicable 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 FOWLER, WILLIAM C Street Address (P.O. Box Number is Not Acceptable) 1380 SW KANNER HWY STUART FL 34997 City 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) 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, 2001 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PDS** TITLE ☐ Delete TITLE CR2E034 (10/00) ☐ Change Addition NAME KRAMER, ROBERT S NAME STREET ADDRESS 1380 SW KANNER HWY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STUART FL TITLE ☐ Delete TITLE Change Addition NAME FOWLER, WILLIAM C NAME STREET ADDRESS 1380 SW KANNER HWY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STUART FL TITLE Delete ☐ Change X Addition GINA L. BOCKENEK 1380 SW KANNER HUY NAME KITENER, CAROL S STREET ADDRESS STREET ADDRESS 1380 SW KANNER HIGHWAY STUART, FL 34997 CITY-ST-ZIP CITY-ST-ZIP STUART FL 34997 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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-7IP ation 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 remental 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 ver 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 indicated on this report or supchanged, or on an attachr an address, with all other like empowered.

William C. Fowler 4/23/01