## Uniform Business Report (UBR) FILED May 24, 2002 8:00 am Secretary of State DOCUMENT # P9400083293 05-24-2002 91327 025 \*\*\*150.00 SAVANNAH DEVELOPMENT COMPANY Principal Place of Business Mailing Address 720 So. Orange Avenue 720 So: Orange Avenue. Sarasota, FL 34236 Sarasota, FL 34236 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 6500556692 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 William C. Strode 720 South Orange Avenue Street Address (P.O. Box Number is Not Acceptable) Sarasota, Florida 34236 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 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 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PSTD TITLE P D X Delete TITLE ☐ Change X Addition Diane Waters NAME John Donovan NAME STREET ADDRESS 5046 Hanging Moss Lane STREET ADDRESS 5322 Duncanwood Drive CITY-ST-ZIP Sarasota, Florida 34238 CITY-ST-7IP Sarasota, Florida 34232 X Delete Change Addition Deirdre F. Aretini NAME STREET ADDRESS 5046 Hanging Moss Lane STREET ADDRESS CITY-ST-ZIP-CITY-ST-ZIP Sarasota, Florida 34238 TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE Addition MAME 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-ZIP 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.

DORPRINTED NAME OF SIGNING OFFICER OR DIRECTOR Cers, President

SIGNATURE: