## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 20, 2000 8:00 am Secretary of State DOCUMENT # P95000011119 1. Entity Name NISLEY CALUSA DEVELOPMENT, INC. 03-20-2000 90112 045 \*\*\*150.00 Mailing Address Principal Place of Business 2535 BEE RIDGE RD. 2535 BEE RIDGE RD. SARASOTA FL 34239 SARASOTA FL 34239-6414 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suité, Apt. #, etc. Suite, Apt. #, etc. Applied For City'& State 4. FEI Number City & State 65-0560711 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ICARD, MERRILL, CULLIS, TIMM, FUREN & Street Address (P.O. Box Number is Not Acceptable) GINSBURG, P.A., ATTN. THOMAS HOPKINS 2033 MAIN ST., SUITE 600 SARASOTA FL 34237 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. De'ete TITLE ☐ Change ☐ Addition TITLE NISLEY, ANDREW M NAME NAME 2535 BEE RIDGE RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34239 CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE TITLE

13. I hereby certify that the information supplied with this find 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 trusted empowers 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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-7IP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-80 (941) 488-0584 Date Daytime Phone #