## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 12, 2001 08:00 AM P95000037436 DOCUMENT# 1. Entity Name **Secretary of State** ECOSYSTEMS LAND MITIGATION BANK II CORPORATION Principal Place of Business Mailing Address 1555 HOWELL BRANCH RD. 1555 HOWELL BRANCH RD. SUITE C-200 WINTER PARK FL WINTER PARK FL327891109 327891109 US 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 59-3321550 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JURGENS J.A. BUILDER J. LINDSEY GRAHAM, CLARK, JONES Street Address (P.O. Box Number is Not Acceptable) GRAHAM, CLARK, JONES 369 NORTH NEW YORK AVENUE WINTER PARK FL369 NORTH NEW YORK AVENUE 32789 City Zip Code WINTER PARK 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. 04/12/2001 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 After MAY 1, 2001 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be 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 OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DST TITLE CR2E034 (11/00) ☐ Delete TITLE ☐ Addition MAME FICKETT ALAN G NAME 1555 HOWELL BRANCH RD STE C-200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER PARK $\mathbf{FL}$ CITY-ST-ZIP DVP ☐ Delete TITLE X Change NAME GERBER WILLIAM G NAME GERBER WILLIAM G STREET ADDRESS 555 HOWELL BRANCH RD, #C-200 STREET ADDRESS 1555 HOWELL BRANCH RD, #C-200 CITY-ST-ZIP WINTER PARK $\mathbf{FL}$ CITY-ST-ZIP WINTER PARK FLDelete TITLE PD X Change ☐ Addition MCCARTHY D. MILLER NAME MCCARTHY D. MILLER STREET ADDRESS 729 ALBA DR. STREET ADDRESS 10461 DOWN LAKEVIEW CIRCLE CITY-ST-ZIP ORLANDO FLCITY-ST-ZIP WINDERMERE FL. 34786 TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition 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.

04/12/2001

Daytime Phone #

Date

SIGNATURE: \_\_D. Miller McCarthy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR