FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

SIGNATURE:

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## Secretary of State 01-16-2002 90040 010 \*\*\*150.00 RENAISSANCE MANAGEMENT CORP. Principal Place of Business Mailing Address 330 CLEMATIS ST., SUITE 214 330 CLEMATIS ST., SUITE 214 WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 2. Principal Place of Business 3. Mailing Address 100 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 200 <u>•No</u> Su:fe Applied For City & State City & State 4. FEI Number 65-0651554 F٤ Palm Not Applicable Beach West Country \$8.75 Additional Zip Country Certificate of Status Desired Fee Required Beach 33401 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FRISBIE, DAVID W Street Address (P.O. Box Number is Not Acceptable) 1000 INDIAN ROAD PALM BEACH FL 33480 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2002 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 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE TITLE FRISBIE, DAVID W 100 S. Dixie Highway, Su. NAME NAME 330 CLEMATIS STREET, SUITE 214 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33401 CITY-ST-7IP CITY-ST-ZIP PD TITLE ☐ Delete TITLE AIKEN, ANDREW M NAME NAME 100 S. Dixie Highway, Suite 200 400 CLEMATIS STREET, SUITE 214 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33401 CITY-ST-ZIP West Palm Beach FL CITY-ST-ZIP ☐ Addition TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE 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