2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000081239

"7-1-99 CORP."

Principal Place of Business

Mailing Address:

100 RIALTO PLACE, SUITE 500 MELBOURNE FL 32901

100 RIALTO PLACE, SUITE 500 MELBOURNE FL 32901-3073

2. Principal Place of Business

SOTTILE, JOHN H

3. Mailing Address

Suite, Apt. #, etc. City & State

Zip

SIGNATURE

(See criteria on back)

Country

Signature, typed or printed name of registered agent and title if applicable

6. Name and Address of Current Registered Agent

City & State

Suite, Apt. #, etc.

Country

4. FEI Number

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

100 RIALTO PLACE, SUITE 500 MELBOURNE FL 32901

> FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. V/D CDP ☐ Delete TITI F TITLE SOTTILE, JOHN H NAME NAME STREET ADDRESS 100 RIALTO PLACE, SUITE 500 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32901 TITLE X Delete TITLE GARRY, G.R. NAME NAME STREET ADDRESS 10611 HARBORSIDE DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO FL **⊠** Delete TITLE ☐ Addition TITLE STARLING, JOHN M. NAME Severs, Dwight W. NAME 190 E. OLMSTEAD DR., #5A STREET ADDRESS STREET ADDRESS 770 No. Carpenter Road Titusville, FL CITY-ST-ZIP TITUSVILLE FL CITY-ST-ZIP TAS Change ☐ Addition ☐ Delete TITLE TITLE WHERRY, STEPHEN R. NAME NAME 1217 ELCON DR. STREET ADDRESS 3916 Peacock Drive STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL West Melbourne, FL Change ☐ Addition Delete TITLE TITLE SOTTILE, JAMES NAME NAME STREET ADDRESS STREET ADDRESS 2525 INDIAN MOUND TRAIL CITY-ST-ZIP CITY-ST-7/P CORAL GABLES FL Change X Addition ☐ Delete TITLE TITLE Fazzini, John P. NAME NAME STREET ADDRESS 101 East Stuart Avenue STREET ADDRESS CITY-ST-ZIP Lake Wales, FL CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 amountered 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.

SIGNATURE AND TYPED OR PRIN

SIGNING OFFICER OR DIRECTOR

Stephen R. Wherry, Treasurer

321-724-1700

Daytime Phone #