2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

FILED May 16, 2000 8:00 am Secretary of State DOCUMENT # P95000097045 NEWBERRY PROPERTIES, INC. 05-16-2000 90800 043 ***150.00 Mailing Address Principal Place of Business P.O. BOX 951 1528 N.W. SR 45 NEWBERRY FL 32669 NEWBERRY FL 32669-0951 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3349544 Not Applicable Country \$8.75 Additional Zip 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 RESPESS, ROBERT D Street Address (P.O. Box Number is Not Acceptable) 25355 W NEWBERRY RD **NEWBERRY FL 32669** 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 Signature, typed or printed name of registered agent and title if applicable DATE (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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition TITLE TITLE □ Delete COLEMAN, JON E NAME NAME STREET ADDRESS STREET ADDRESS 175 S MAIN ST CITY-ST-ZIP CITY-ST-ZIP **NEWBERRY FL 32669** ☐ Change Addition TITLE TITLE ☐ Delete RIPPLE, JR., ROBERT A NAME NAME STREFT ADDRESS STREET ADDRESS 1905 NW 27TH TERRACE CITY-ST-7IP CITY-ST-ZIP **GAINESVILLE FL 32605** ☐ Change Addition ☐ Delete TITLE TITLE DEPETER, THOMAS G NAME NAME STREET ADDRESS STREET ADDRESS 25335 W. NEWBERRY RD CITY-ST-ZIP CITY-ST-ZIP NEWBERRY FL 32669 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

COLEMAN 4.28.00