2000 UNIFORM BUSINESS REPORT (UBR)

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

DOCUMENT # P96000027151 Feb 03, 2000 8:00 am 1. Entity Name Secretary of State VENETIAN DEVELOPMENT, INC. 02-03-2000 90029 016 ***158.75 Principal Place of Business Mailing Address 7000 S TAMIAMI TRAIL 7000 S TAMIAMI-TRAIL VENICE FL 34293-5114 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0674628 Not Applicable Zip 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 Boone, Stephen K Street Address (P.O. Box Number is Not Acceptable) 1001 AVENIDA DEL CIRCO VENICE FL 34285 Zip Code 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 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 TITLE ☐ Delete TITLE TAYLOR, THOMAS H JR NAME NAME STREET ADDRESS 7000 S TAMIAMI TRAIL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34293 D۷ ☐ Change ☐ Addition TITLE ☐ Delete TAYLOR, N B NAME NAME STREET ADDRESS 7000 S TAMIAMI TRAIL STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP VENICE FL 34293 Delete Change Addition TITLE TITLE TAYLOR, J D NAME NAME 7000 S TAMIAMI TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34293 ☐ Change Addition ☐ Delete TITLE 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-ZIP Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

THOMAS H. TAYLOR, JR.

OF SIGNING OFFICER OR DIRECTOR

1/25/00

941-493-8549

Daytime Phone #