## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 24, 2000 8:00 am Secretary of State DOCUMENT # P96000056261 1. Entity Name SW FLORIDA PARTNERS, INC. ٨ 02-24-2000 90047 045 \*\*\*150.00 Principal Place of Business Mailing Address 2405 PIPER BOULEVARD 2405 PIPER BOULEVARD NAPLES FL 34110-1387 NAPLES FL 33963 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0683030 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ERLING I TAC THOMPSON, STEPHEN R Street Address (P.O. Box Number is Not Acceptable) 2405 PIPER BOULEVARD BLUD. NAPLES FL 33963 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 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. Atter MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition Delete TITLE TITLE CLAUSSEN, ROBERT G NAME STREET ADDRESS 2405 PIPER BOULEVARD CITY-ST-ZIP NAPLES FL 33963 ☐ Addition Change TITLE ☐ Delete CLAUSSEN, CHRISTOPHER G NAME STREET ADDRESS 2405 PIPER BOULEVARD CITY-ST-ZIP NAPLES FL 33963 ☐ Addition Change Delete TITLE THOMPSON, STEPHEN R NAME STREET ADDRESS 2405 PIPER BOULEVARD

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 33963 ☐ Addition TITI F Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE

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 changed, or on an attachme

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS