## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 06, 2000 8:00 am DOCUMENT # P96000056349 1. Entity Name Secretary of State GRANDE RESERVE AT PELICAN STRAND, INC. 03-06-2000 90080 002 \*\*\*150.00 Principal Place of Business Mailing Address 5705 GRANDE RESERVE WAY 5705 GRAND RESERVE WAY #102 C0032699 NAPLES FL 34110-2342 NAPLES FL 34110 US ШS 2. Principal Place of Business 3. Mailing Address 4375 Dover Court 4375 Dover Court Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. #102 #102 Applied For City & State City & State 4. FEI Number 59-3397188 Not Applicable Nanles Naples. Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 34105 U.S.A 34105 Fee Required U.S.A 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Bateman, Arthur L Street Address (P.O. Box Number is Not Acceptable) STEWART, TERRI J 5705 GRANDE RESERVE WAY #102 4375 Dover Court, #102 NAPLES FL 34110 Zip Code 34105 8. The above named entity submits/tifis statement for the Auropose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (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 filling requirement and elects to do so. After 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 Delete ☐ Change X Addition TITLE PD STEWART, TERRI J MAME Bateman, Arthur L. STREET ADDRESS 5705 GRAND RESERVE WAY #102 4375 Dover Court, #102 CITY-ST-ZIP NAPLES FL 34110 Naples FL 34105

11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-719 ☐ Change Addition ☐ Delete TITLE 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 | 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 attachment with an address with all other like expowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/00 941/4: Date Dayline Pho