FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 24, 2002 8:00 am § Secretary of State P96000058650 DOCUMENT # 1. Entity Name DEER ISLAND GCC, INC. Mailing Address Principal Place of Business P.O. BOX 2501 18000 EAGLES WAY ORLANDO FL 32806-2501 DEER ISLAND FL 32778 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3389357 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 WEBB, JOHN L Street Address (P.O. Box Number is Not Acceptable) 1312 COUNTRY LANE ORLANDO FL 32804 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (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 After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition Change TITLE ☐ Delete TITLE NAME WEBB, JOHN L NAME STREET ADDRESS 1312 COUNTRY LANE STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32804 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITI F NAME TRAMELL, JOE B NAME STREET ADDRESS STREET ADDRESS 720 RIO GRANDE AVENUE CITY-ST-ZIP ORLANDO FL 32804 CITY-ST-7IP ☐ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITI F 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. 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 attachment with an address, with all other like empowered.

4/2/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #