2001 UNIFORM BUSINESS REPORT (UBR)

Apr 19, 2001 8:00 am Secretary of State DOCÜMENT # P96000058660 1. Entity Name BASS/POINCIANA PLAZA, INC. 04-19-2001 90318 050 ***150 00 Principal Place of Business Mailing Address 3412 DUCK AVENUE C/O NISIVOCCIA KEY WEST FL 33040 5 EMERY AVE RANDOLPH NJ 07869 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 22-3454077 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GEDMIN, ROBIN R Street Address (P.O. Box Number is Not Acceptable) 500 FLEMING ST KEY WEST FL 33040 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. 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 After MAY 1, 2001 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 11. 12. ☐ Change Addition ☐ Delete TITLE TITLE BASS, HOWARD NAME NAME **POST OFFICE BOX 5075** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ASPEN COLORADO SD ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME BODNER, MICHELLE NAME STREET ADDRESS BOX 5078 N/A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ASPEN CO Change ☐ Addition TITLE ☐ Delete TITLE NAME NISIVOCCIA, RAYMOND NAME STREET ADDRESS 41 HIGH AVE. STREET ADDRESS RANDOLPH NJ CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITI F □ Change TITLE □ Delete NISIVOCCIA, KATHERINE NAME NAME STREET ADDRESS 41 HIGH AVE. STREET ADDRESS CITY-ST-ZIP RANDOLPH NJ CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 attachment with an address, with all other like empowered.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR