2000 UNIFORM BUSINESS REPORT (UBR) Mar 24, 2000 8:00 am DOCUMENT # P96000066225 Secretary of State GULFSTREAM PROPERTIES OF BONITA SPRINGS, INC. 03-24-2000 90083 001 ***150.00 Principal Place of Business Mailing Address 27725 OLD 41 ROAD P.O. BOX 19818 SUITE 104 INDIANAPOLIS IN 46219-0818 629450 BONITA SPRINGS FL 34135 ÜS 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 59-3398011 Not Applicable Country Zip Country Zip \$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 MCCLAIN, ROBERT B Street Address (P.O. Box Number is Not Acceptable) 11045 ORANGEWOOD DR. **BONITA SPRINGS FL 34135** City 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 10. Election Campaign Financing \$5.00 May Be Tax filing 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 111. ☐ Change ☐ Addition TITLE ☐ De!ete TITLE MCCLAIN, ROBERT B NAME NAME 831 CAMPBELL AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP INDIANAPOLIS IN CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition 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 ☐ Addition ☐ Bekete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS . DITY - ST - ZIP CITY-ST-ZIP ☐ Change Addition TITLE ITLE Delete NAME IAME TREET ADDRESS STREET ADDRESS CITY-ST-ZIP ity-ST-ZIP 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 Robert B. McChin 21-00 SIGNATURE: