2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 16, 2000 8:00 am DOCUMENT # P9700006270 **Secretary of State** 1. Entity Name COUNCIL PROPERTIES, INC. 02-16-2000 90015 013 ***150.00 Mailing Address Principal Place of Business 271 CUMQUAT ROAD, N.E. 271 CUMQUAT ROAD, N.E. LAKE PLACID FL 33852 1 LAKE PLACID FL 33852-5952 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3440972 Not ≏..... 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 COUNCIL, JOSEPH E Street Address (P.O. Box Number is Not Acceptable) 271 CUMQUAT ROAD NORTHEAST LAKE PLACID FL 33852 - 5752 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. 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 Ba After MAY 1, 2000 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 12 11. Change DT TITLE ☐ Delete TITLE COUNCIL; JOSEPH E NAME STREET ADDRESS STREET ADDRESS 271 CUMQUAT RD NE CITY-ST-ZIP CITY-ST-ZIP LAKE PLACID FL Change ☐ Delete TITLE TITLE GEIST, NORAH KATHLEEN NAME NAME STREET ADDRESS STREET ADDRESS 1811 E MONTEBELLO CITY-ST-ZIF CITY-ST-ZIP PHOENIX AZ 85016 - Change - E - ... 🗝 - 🚤 🖃 : Defete 🗢 TITLE TITLE EDHOLM WINIFRED C. C/O BOB PACE NAME NAME STREET ADDRESS 1040 E. PARK AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32301 ☐ Change T * * **** Delete TITL F PALMER, ELMINA C NAME NAME STREET ADDRESS STREET ACCRESS 1606 S. MERIDIAN STREET CITY-ST-ZIP CITY-ST-7IP TALLAHASSEE FL 32301 \Box . ☐ Change ☐ Delete TITLE TITLE COUNCIL, WILLIAM C NAME NAME STREET ADDRESS 36 COUNCIL ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VENUS FL 33960 ☐ Chanoe ☐ Delete TITLE TITLE COUNCIL, MARY RUTH NAME 271 CUMQUAT ROAD, N.E. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE PLACID FL 33852 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 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

Daytime Phone #

SIGNATURE: