2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 07, 2001 8:00 am DOCUMENT # P97000061740 Secretary of State 1. Entity Name FLORIDA GROWTH REALTY FUND USA, INC. 03-07-2001 90608 010 ***150.00 Principal Place of Business Mailing Address 1660 GULF BLVD 1660 GULF BLVD PENTHOUSE 1 PENTHOUSE 1 CLEARWATER FL 34630 CLEARWATER FL 33767 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 59-3456567 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 Robert LURIE LEPRELL, SAMUEL L Street Address (P.O. Box Number is Not Acceptable) 233 E BAY ST SUITE 901 JACKSONVILLE AL 32202 City CLEAR WATER 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. Robort LURIE 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 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. П Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Change ☐ Addition ☐ Delete TITLE D NAME NAME LURIE, ROBERT STREET ADDRESS STREET ADDRESS 1660 GULF BLVD PENTHOUSE 1 CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 34630** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. CITY-ST-ZIP ☐ Change :--☐ Delete TITLÈ TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change 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 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 attachapter with an address, with all other like empowered.

FILED

Mard 4, 2001 727 596-5357

Date Daytime Phone #