2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P97000075376** Jan 19, 2000 8:00 am 1. Entity Name **Secretary of State** OUT A MIND, INC. 01-19-2000 90264 006 ***150.00 Principal Place of Business Mailing Address 1000 BRICKELL AVE. STE 300 1000 BRICKELL AVE. STE 300 MIAMI FL 33131-3004 MIAMI FL 33131 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 65-0782709 Not Applicable Zip Country \$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 DAVIS, BILL G Street Address (P.O. Box Number is Not Acceptable) 1000 BRICKELL AVE, STE 300 MIAMI FL 33131 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 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, 2000 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 11. OFFICERS AND DIRECTORS 12. TITLE Change ☐ Delete TITLE MORRIS, IDA A NAME NAME STREET ADDRESS STREET ADDRESS 1000 BRICKELL AVE, STE 300 CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33131 Change ☐ Addition Delete TITLE TITLE MORRIS, W A NAME NAME STREET ADDRESS 1000 BRICKELL AVE, STE 1200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33131** DVP ☐ Addition ☐ Change ☐ Delete TITLE BELL, JAMES F JR NAME 1000 BRICKELL AVE, STE 1200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33131** DVP Change ☐ Addition TITLE ☐ Delete TITLE RUPP, GARY L NAME NAME 1000 BRICKELL AVE, STE 1000 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 TITLE ST ☐ Delete TITLE ☐ Change ☐ Addition DAVIS, BILL G NAME NAME 1000 BRICKELL AVE, STE 300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33131** ☐ Change ☐ Addition TITLE ☐ Delete TITI F 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 entrustee 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: 'S

Bill G. Davis

1/7/00 (305)358-1000

Date Phone #