2001 UNIFORM BUSINESS REPORT (UBR)

May 16, 2001 8:00 am Secretary of State DOCUMENT # P97000103073 PELICAN BAY DEVELOPMENTS II, INC. 05-16-2001 90400 028 ***150.00 Principal Place of Business Mailing Address 24840 BURNT PINE DRIVE 24840 BURNT PINE DRIVE SUITE 2 SUITE 2 BONITA SPRINGS FL 34134 BONITA SPRINGS FL 34134 Principal Place of Business 3. Mailing Address 6811 South Sanc DO NOT WRITE IN THIS SPACE City & State 4. FEI Number 65-0801110 Applied For DOWNORS Not Applicable Zip 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 CONROY, J. THOMAS III Street Address (P.O. Box Number is Not Acceptable) MORRISON & CONROY, P.A. **TAMIAMI TRAIL NORTH SUITE 402** NAPLES FL 34103 City Zip Code 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **⊆** Change ☐ Addition TITLE ☐ Delete LAUER, RICHARD A NAME NAME 26811 South Bay Dr., Siite 350 Bonita Springs, FL 34134 24840 BURNT PINE DRIVE SUITE 2 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BONITA SPRINGS FL 34134** CITY-ST-ZIP ☐ Defete TITLE TITLE NASHMAN, JAMES A NAME NAME same address chq. STREET ADDRESS 24840 BURNT PINE DRIVE SUITE 2 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BONITA SPRINGS FL 34134** TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE ☐ Channe NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE 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 of the stee 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/01 (947)498-536

FILED