.2001 UNIFORM BUSINESS REFORT (UBR)

Jan 30, 2001 8:00 am DOCUMENT # P97000106219 **Secretary of State** 1. Entity Name GMRI FLORIDA, INC. 01-30-2001 90127 036 ***150.00 Principal Place of Business Mailing Address 5900 LAKE ELLENOR DRIVE 5900 LAKE ELLENOR DRIVE 00012865 ORLANDO FL 32809 ORLANDO FL 32809 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3480944 Not Applicable Country 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 CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 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, 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 206 CR2E034 (10/00) TITLE Change ☐ Addition TITLE ☐ Delete SMITH, JAMES D NAME NAME STREET ADDRESS 5900 LAKE ELLENOR DRIVE STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32809 -CITY-ST-ZIP TITLE ☐ Delete TITLE Addition WALSH, RICHARD J. NAME NAME STREET ADDRESS 5900 LAKE ELLENOR DR STREET ADDRESS CITY-ST-ZIP ORLANDO-FL-32809_ CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition FAISANT, ROBERT NAME NAME 6100 LAKE ELLENOR DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32809 TITLE ☐ Delete Change ☐ Addition TITLE INGERSOLL, JAMES R. NAME NAME STREET ADDRESS 6100 LAKE ELLENOR DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32809 TITLE SEC ☐ Delete TITLE Change ☐ Addition MCINTOSH, JAMES O. NAME 6000 LAKE ELLENOR DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32809 Delete Aast TREASURER ☐ Addition TITLE TITLE Patrick Harrisons 6100 LAKE Ellewor Dr. Orbodo FL 32809 NAME OTIS, CLARENCE J STREET ADDRESS 5900 LAKE ELLENOR DR STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ORLANDO FL 32809

3. 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 an address, with all other like empowered.

SIGNATURE: SIGNATURE AND THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/01

407.245.5375