2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000008329

1. Entity Name
REEDY CREEK MITIGATION, INC.

FILED
02 MAY -1 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2300 CORAL WAY SUITE 200 MIAMI FL 33145	2300 CORAL WAY SUITE 200 MIAMI FL 33145

2. Principal Place of Business		3. Mailing Address	
2300 Coral Way		2300 Coral Way	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite # 200		Suite # 200	
City & State		City & State	
Miami, Florida		Miami, Florida	
Zip	Country	Zip	Country
33145	US	33145	US

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0848105 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FLORIDA ANNUAL REPORT SERVICES INC. 2300 CORAL WAY SUITE 200 MIAMI FL 33145	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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: AMADA CANTERA LOPEZ, President — 4/26/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME KEITHNER, BRUCE W STREET ADDRESS 901 NORTHPOINT PARKWAY, #108 CITY-ST-ZIP WEST PALM BEACH FL 33407	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 200005461842--4 -05/06/02--01045--011 ****150.00 ****150.00
TITLE DVP NAME BADER, GEORG STREET ADDRESS 1717 N. BAYSHORE DR., SUITE 208 CITY-ST-ZIP MIAMI FL 33132	☐ Delete	TITLE NAME STREET ADDRESS 150 Alhambra Circle, Suite 800 CITY-ST-ZIP Coral Gables, FL 33134	☒ Change ☐ Addition
TITLE S NAME CARTAYA, LIDIA STREET ADDRESS 1717 N. BAYSHORE DR., SUITE 208 CITY-ST-ZIP MIAMI FL 33132	☐ Delete	TITLE NAME STREET ADDRESS 150 Alhambra Circle, Suite 800 CITY-ST-ZIP Coral Gables, FL 33134	☒ Change ☐ Addition
TITLE D NAME CONRADI, AXEL STREET ADDRESS 1717 N. BAYSHORE DR., SUITE 108 CITY-ST-ZIP MIAMI FL 33132	☐ Delete	TITLE NAME STREET ADDRESS 150 Alhambra Circle, Suite 800 CITY-ST-ZIP Coral Gables, FL 33134	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 200005461842--4 -05/06/02--01045--012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	******8.75 ☐ Change ☐ Addition

CR2E034 (9/01)

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 attachment with an address, with all other like empowered.

SIGNATURE: Lidia Cartaya — 4/30/02 — 305 476-0955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #