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

DO NOT WRITE IN THIS SPACE

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

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

FLORIDA ANNUAL REPORT SERVICES INC.
2300 CORAL WAY
SUITE 200
MIAMI FL 33145

7. Name and Address of New Registered Agent

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: [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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P KEITHNER, BRUCE W 901 NORTHPOINT PARKWAY, #108 WEST PALM BEACH FL 33407	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	200005461842--4 -05/06/02--01045--011 ****150.00 ****150.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP BADER, GEORG 1717 N. BAYSHORE DR., SUITE 208 MIAMI FL 33132	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 150 Alhambra Circle, Suite 800 Coral Gables, FL 33134
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CARTAYA, LIDIA 1717 N. BAYSHORE DR., SUITE 208 MIAMI FL 33132	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 150 Alhambra Circle, Suite 800 Coral Gables, FL 33134
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CONRADI, AXEL 1717 N. BAYSHORE DR., SUITE 108 MIAMI FL 33132	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 150 Alhambra Circle, Suite 800 Coral Gables, FL 33134
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 200005461842--4 -05/06/02--01045--012 ******8.75 ******8.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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: [signature] 4/30/02 305 476 0955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #