FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 03, 2001 8:00 am Secretary of State DOCUMENT # P98000033262 PARKLAND DEVELOPMENT COMPANY 04-03-2001 90043 023 ***150.00 Principal Place of Business Mailing Address 340 ROYAL POINCIANA WAY 340 ROYAL POINCIANA WAY SUITE 3C SUITE 3C A0041328 PALM BEACH FL 33480 PALM BEACH FL 33480 us US 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 65-0831890 Applied For Not Applicable Zip 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 Name KOZOKOFF, NEIL J Street Address (P.O. Box Number is Not Acceptable) C/O PARKLAND CORPORATION 340 ROYAL POINCIANA WAY, SUITE 3C PALM BEACH FL 33480 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) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. DPST CR2E034 (10/00) TITLE ☐ Delete Change KOZOKOFF, NEIL J NAME NAME 340 ROYAL POINCIANA WAY, STE 3C STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BEACH FL 33480 CITY-ST-ZIP TITLE ☐ Detete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE - Delete - -Change Addition ... NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition ☐ Change 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 peceiver 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 address, with all other like ampowered changed, or on an attacl

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