2002 UNIFORM BUSINESS REPORT (UBR)

Feb 07, 2002 8:00 am P98000034083 DOCUMENT # Secretary of State 1. Entity Name 02-07-2002 90050 007 ***150.00 CAVCO CAPITAL RESOURCES, INC. Mailing Address Principal Place of Business 1605 MAIN STREET, STE. 1100 1605 MAIN STREET, STE. 1100 SARASOTA FL 34236 SARASOTA FL 34236 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0814760 Not Applicable \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CAVANAUGH, GERALD J Street Address (P.O. Box Number is Not Acceptable) 1605 MAIN STREET, STE. 1100 SARASOTA FL 34236 Zip Code City 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, 2002 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 12. 11. Addition ☐ Change ☐ Delete TITLE CAVANAUGH, GERALD J NAME NAME 1605 MAIN STREET, STE. 1100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34236 CITY-ST-ZIP ☐ Addition TITLE □ Change ☐ Delete NAME PENDER, MICHAEL R JR NAME STREET ADDRESS 1605 MAIN STREET, STE. 1100 STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34236 CITY-ST-ZIP Change --- Addition-Delete-TITLE TITLE. _____ NAME NAME SPANGLER, STEPHEN D STREET ADDRESS STREET ADDRESS 1605 MAIN STREET, STE. 1100 CITY-ST-ZIP CITY-ST-7/P SARASOTA FL 34236 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE 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 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 attackment with an address with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

21/02

941 366-2923

Daytime Phone #

FILED