2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachme

SIGNATURE:

DOCUMENT # P98000069462 Jul 12, 2000 8:00 am 1. Entity Name **Secrétary of State** WORLD PLAZA II MANAGEMENT GROUP, INC. 07-12-2000 90008 040 ***550.00 Mailing Address Principal Place of Business 12500 WORLD PLAZA LANE 12500 WORLD PLAZA LANE SUITE #1 SUITE #1 FORT MYERS FL 33907 FORT MYERS FL 33907 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0855350 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 HAUGEN, HERMAN Street Address (P.O. Box Number is Not Acceptable) 12500 WORLD PLAZA LANE SUITE #1 FORT MYERS FL 33907 Zin Code for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The above name submits this stateme SIGNATURE id agent and little if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition TITLE TITLE ☐ Delete PETERSON, CORDELL Q NAME NAME STREET ADDRESS STREET ADDRESS 12500 WORLD PLAZA LANE, SUITE 1 CITY-ST-ZIP CITY-ST-7iP FORT MYERS FL 33907 ☐ Addition TITLE TITLE MANATT, GERALD J NAME STREET ADDRESS 12500 WORLD PLAZA LANE, SUITE 1 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33907 ☐ Change Addition TITLE ☐ Delete PETERSEN, JAMES T NAME NAME 12500 WORLD PLAZA LANE, SUITE-1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33907 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition 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 CHY-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 receive 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

other like empowered

ED NAME OF SIGNING OFFICER OF