2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 29, 2001 8:00 am Secretary of State DOCUMENT # P98000078510 1. Entity Name THE YANKEE COMPANIES, INC. 01-29-2001 90104 009 ***150.00 Principal Place of Business Mailing Address 1941 SOUTHEAST 51ST TERRACE SUITE 7 1941 SOUTHEAST 51ST TERRACE SUITE 7 OCALA FL 34471 OCALA FL 34471 906542 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 Applied For 59-3532520 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 MITCHEM, VANESSA H Street Address (P.O. Box Number is Not Acceptable) 1941 SOUTHEAST 51ST TERRACE SUITE 7 OCALA FL 34471 Zip Code FL 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** FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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. П Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPCE TITLE TITLE ☐ Delete Change ☐ Addition TUCKER, LEONARD M NAME NAME STREET ADDRESS 2500 N. MILITARY TRAIL STE 225 STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33431** CITY-ST-ZIP D/VP TITLE ☐ Delete TITLE Change Addition CALVO, WILLIAM A III NAME NAME STREET ADDRESS 1941 SOUTHEAST 51ST TERRACE SUITE 7 STREET ADDRESS CITY-ST-ZIP OCALA FL 34471 CITY-ST-ZIP SCAO TITLE ☐ Delete TITLE ☐ Addition Change LINDSEY, VANESSA H NAME NAME STREET ADDRESS 1941 SOUTHEAST 51ST TERR STREET ADDRESS CITY-ST-ZIP OCALA FL 34471 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 attachment with an address, with all other like empowered. indsev