2001 UNIFORM BUSINESS REPORT (UBR)

Apr 12, 2001 8:00 am Secretary of State DOCUMENT # P98000086097 RODGERS BROTHERS LAND COMPANY 04-12-2001 90165 036 ***150.00 Principal Place of Business Mailing Address 26730 US HWY 27 P.O. BOX 1555 LEESBURG FL 34748 VENICE FL 34284 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 65-0873531 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RODGERS, SAM R Street Address (P.O. Box Number is Not Acceptable) 575 CENTER RD. VENICE FL 34293 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. (NOTE: Registered Agent signature required when reinstating) 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. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME RODGERS, SAM R STREET ADDRESS STREET ADDRESS 448 BAYSHORE DR CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34285 TITLE ☐ Change TITLE **VPD** ☐ Delete ☐ Addition NAME RODGERS, REX S NAME STREET ADDRESS STREET ADDRESS 227 S HARBOR DR CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34285 TITLE TITLE ☐ Change ☐ Addition - Delete -NAME RODGERS, RICHARD STREET ADDRESS STREET ADDRESS 4525 NUNNSWOOD LN CITY-ST-ZIP CITY-ST-ZIP **LAKELAND FL 33803** TITLE STD ☐ Delete TITLE Change ☐ Addition RODGERS, MARY A NAME NAME STREET ADDRESS 448 BAYSHORE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34285 TITLE ☐ Delete Change TITLE Addition NAME DIXON, KATHLEEN \$ NAME STREET ADDRESS 1612 LILLIPUT COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VENICE FL ☐ Delete TITLE Change 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 a) other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-01

493-6626

Daytime Phone #