2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 29, 2000 8:00 am Secretary of State DOCUMENT # **P98000086567** EVERGREEN SP., INC. 02-29-2000 90152 001 ***150.00 Principal Place of Business Mailing Address 2162 HENLEY PLACE 2162 HENLEY PLACE WELLINGTON FL 33414 WELLINGTON FL 33414-7768 616350 2. Principal Place of Business Mailing Address 46 SOMERGET TERRACE 46 Somerson Terraus DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & Stat City & State 65-0872389 PALM ASACH GARDENS Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SAME SAYRE, ROBERT A Street Address (P.O. Box Number is Not Acceptable) SOMERSET TERRACE 2162 HENLEY PLACE WELLINGTON FL 33414 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition ☐ Delete TITLE TITLE SAYRE, ROBERT A NAME 46 SOMERSET TERRACE STREET ADDRESS STREET ADDRESS 2162 HENLEY PLACE PALM BEACH GARDENS FL 73414 CITY-ST-ZIP CITY-ST-ZIP WELLINGTON FL 33414 Irving Z. Friedman ∑ Change ☐ Delete TITLE 101 Banyan Isle Drive FRIEDMAN, IRVING MR NAME Palm Beach Gardens, FL 33418 STREET ADDRESS STREET ADDRESS 2800 SELKIRK RD CITY-ST-ZIP CITY-ST-ZIP CLEVELAND OH 44122-2461 ☐ Change ☐ Addition → Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS 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.

SIGNATURE:

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Daytime Phone #

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