FILED **2000 UNIFORM BUSINESS REPORT (UBR)** May 04, 2000 8:00 am Secretary of State DOCUMENT # **P98000107957** 1. Entity Name 05-04-2000 90170 006 ***150 00 PARKER-WILLOW BROOK IV, INC. Mailing Address Principal Place of Business 9400 GLADIOLUS DRIVE. SUITE 250 9400 GLADIOLUS DRIVE, SUITE 250 652582 FT MYERS FL 33908-7600 FT MYERS FL 33908 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable Zip Country \$8.75 Additional Zip Country Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WOLFE, RANDOLPH J Street Address (P.O. Box Number is Not Acceptable) 201 N FRANKLIN ST. SUITE 2100 **TAMPA FL 33602** Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition Delete TITLE TURKEN, WALTER D NAME STREET ADDRESS 9400 GLADIOLUS DRIVE, SUITE 250 STREET ADDRESS FT MYERS FL 33908 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE GLICK, ADAM P NAME NAME 9400 GLADIOLUS DRIVE, SUITE 250 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL 33908 ☐ Addition ☐ Delete TITLE TITLE REISMAN, JOHN NAME NAME STREET ADDRESS 9400 GLADIOLUS DRIVE, SUITE 250 STREET ADDRESS CITY-ST-ZIP FT MYERS FL 33908 CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE izner, David NAME NAME Suiteaso 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 ☐ Change Addition TITLE ☐ Delete TITLE 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 attachment with an address, with all other ike empoy

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Deptime Phone #