2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 04, 2000 8:00 am Secretary of State DOCUMENT # **P99000002547** BRAY & GILLESPIE DELAWARE III. INC. 04-04-2000 90020 016 ***150.00 Principal Place of Business Mailing Address 600 NORTH ATLANTIC AVENUE 600 NORTH ATLANTIC AVENUE DAYTONA BEACH FL 32118 DAYTONA BEACH FL 32118-3803 6325352. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 59 - 3550411 City & State Applied For City & State Not Applicable Zip 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 FIELDSTONE, RONALD R ESQ. Street Address (P.O. Box Number is Not Acceptable) 200 S. BISCAYNE BLVD. **SUITE 2100 MIAMI FL 33131** 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 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, 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 TITLE D Delete TITLE BRAY, CHARLES NAME NAME STREET ADDRESS 600 NORTH ATLANTIC AVENUE STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL 32118 CITY-ST-7IP Addition ☐ Delete TITLE ☐ Change TITLE GILLESPIE, JOSEPH NAME STREET ADDRESS STREET ADDRESS 600 N. ATLANTIC AVE. CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32118 Change ☐ Addition Delete TITLE DENBERG, MICHAEL B ESQ. NAME NAME STREET ADDRESS STREET ADDRESS 200 SOUTH BISCAYNE BLVD., SUITE 2100 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE

13. I hereby certify that the information supplied with this filling 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

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP