2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 21, 2000 8:00 am Secretary of State DOCUMENT # P99000002778 GRASSY FORKS OF NAPLES, INC. 03-21-2000 90038 018 ***150.00 Principal Place of Business Mailing Address 4851:GULFSHORE BEVD. #1005 4651-GULFSHORE-BEVD-#1005 NAPLES FL 341035 NAPLES FL 34103-2202 3. Mailing Address 2. Principal Place of Business 5102 KENSINGSTON HIGH ST 5102 KENSINGTON HIGH ST. Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-3551431 NAPLES, FL NAPLES, FL Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 34105 Fee Required USA 34105 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name COLEMAN, KEVIN G ESQ. Street Address (P.O. Box Number is Not Acceptable) 4001 TAMIAMI TRAIL NORTH SUITE 300 NAPLES FL 34103 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 . 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 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PDX Change Addition TITLE TITLE ☐ Delete ELY, JOHN R NAME NAME 4651-GULFSHORE BEVD: #1005-STREET ADDRESS 5102 KENSINGTON HIGH STREET STREET ADDRESS CITY-ST-ZIP NAPLES FL 341035 CITY-ST-ZIP NAPLES, FLORIDA 34105 X Change ☐ Addition TITLE TITLE Delete ELY, ELEANOR M NAME NAME 4651-GULESHORE-BLVD: #1005 5102 KENSINGTON HIGH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34105 NAPLES, FLORIDA 34105 CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME

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 reserver 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

Mar 15, 2000

941-649-8426 Daytime Phone #

☐ Change

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