2000 UNIFORM BUSINESS REPORT (UBR)

PED OR PRINTED NAME OF SIGNING OF

DOCUMENT # P99000019884 Apr 13, 2000 8:00 am Secretary of State 1. Entity Name MEDITERRA REALTY, INC. 04-13-2000 90081 045 ***158.75 Mailing Address Principal Place of Business 3451 BONITA BAY BLVD. STE. 202 3451 BONITA BAY BLVD. STE. 202 BONITA SPRINGS FL 34134-4354 BONITA SPRINGS FL 34134 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Numbe City & State City & State 59-3561886 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 4395 4395 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GILKEY, DENNIS E Street Address (P.O. Box Number is Not Acceptable) 3451 BONITA BAY BLVD. STE. 202 **BONITA SPRINGS FL 34134** Zip Code City 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. Added to Fees Trust Fund Contribution. П Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12 TITLE \mathtt{DP} Addition TITLE DENNIS E. GILKEY BLVD # 902 NAME NAME STREET ADDRESS STREET ADDRESS BONITA SPRINGS, FL 34134 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE TITLE DAVID LUCAS 3451 BONITA BAY BLVD #202 NAME STREET ADDRESS 1 STREET ADDRESS ON ITA SPRINGS, FL 34134 CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE TITLE HARVEY R. SCHESTAG 3451 BONITA BAY BLWHADO BONITA SPRINGS, FL 34134 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE TITLE NAME NAME Y BLVD#309 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE CHERYLA DEERING # 200 NAME NAME STREET ADDRESS STREET ADDRESS SPRINGS FL 34134 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE TITLE NAME 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 true e 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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