## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000020709 Jun 27, 2000 8:00 am 1. Entity Name **Secretary of State** THE SAMARITAN GROUP, INC. 35 77 (F # 1 (2)) 05-19-2000 90052 043 \*\*\*150.00 Principal Place of Business Mailing Address 6326 WHISKEY CREEK DRIVE 6326 WHISKEY CREEK DRIVE SUITE D SUITE D FT. MYERS FL 33919-8704 FT. MYERS FL 33919 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apl. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0900998 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DODRILL DAVID E Street Address (P.O. Box Number is Not Acceptable) 6326 WHISKEY CREEK DRIVE FT. MYERS FL 33919 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 Signature, typed or printed name of registered agent and title (i 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. ٦١, 66/6) Addition TITLE TITLE ☐ Delete TAMMY T. KOBHER 1380 ANDROS AUE DODRILL DAVID E NAME NAME CR2E034 929 ADELPHI COURT STREET ADDRESS STREET ADDRESS FORT MYERS FL 33905 CITY-ST-ZIP FT MYERS FL 33919 CITY-SY-71P Change **X** Addition ☐ Delete TITLE TIST F: CATHRONS DODRILL NAME NAME 929 ADELPHICT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33919 CITY-ST-ZIP Change Addition TITLE ☐ Celete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SE-ZIP CITY\_ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP Change Addition TITLE TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition

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 fixe empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-71P

☐ Delete