2000 UNIFORM BUSINESS REPORT (UBR) \mathtt{FILED} Apr 26, 2000 8:00 am Secretary of State DOCUMENT # P99000060125 1. Entity Name BAYHILL LAND DEVELOPMENT COMPANY 04-26-2000 90139 033 ***150.00 Principal Place of Business Mailing Address 1688 W. HIBISCUS BLVD. 1688 W. HIBISCUS BLVD. MELBOURNE FL 32901 MELBOURNE FL 32901-2631 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3589214 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name EVANS, ARTHUR F III Street Address (P.O. Box Number is Not Acceptable) 1688 W. HIBISCUS BLVD. MELBOURNE FL 32901 Zip Code 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE X Change ☐ Delete President TITLE EVANS. ARTHUR F III NAME STREET ADDRESS 1688 W. HIBISCUS BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MELBOURNE FL 32901** (X) Change Addition Delete TITLE Secretary/Treasurer EVANS, HUGH M JR. NAME NAME STREET ADDRESS 1688 W. HIBISCUS BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MELBOURNE FL 32901 ☐ Delete Vice President - Change - X Addition TITLE TITLE Jelus, Timothy C. 1688 W. Hibiscus Blvd. NAME NAME STREET ADDRESS STREET ADDRESS Melbourne, FL 32901 CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change

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 like empowered.

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Hugh M. Evans, Jr. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

321-727-1000

☐ Addition

Daytime Phone #

☐ Change