2000 UNIFORM BUSINESS REPORT (UBR)

Mar 30, 2000 08:00 AM DOCUMENT # P9900074540 1. Entity Name **Secretary of State** BKW-GREENACRES, INC. Principal Place of Business Mailing Address 360 CENTRAL AVENUE 360 CENTRAL AVENUE ST PETERSBURG ST PETERSBURG FL FL 33701 33701 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3595829 Not Applicable 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 Name SOUTHEY 360 CENTRAL AVENUE Street Address (P.O. Box Number is Not Acceptable) ST PETERSBURG 33701 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. 03/30/2000 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE JS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ☐ Addition KURCAN STEVEN K NAME STREET ADDRESS 360 CENTRAL AVENUE STREET ADDRESS CITY-ST-ZIP ST PETERSBURG 33701 CITY-ST-ZIP TITLE ☐ Delete DS TITLE ☐ Change ☐ Addition NAME G. KRISTIN NAME DELANO STREET ADDRESS 360 CENTRAL AVENUE STREET ADDRESS CITY-ST-ZIF ST PETERSBURG FL 33701 CITY-ST-718 TITLE ☐ Delete TILE ☐ Change ☐ Addition NAME HUSSEMANN NAME STREET ADDRESS 360 CENTRAL AVENUE STREET ADDRESS CITY-ST-ZIP ST PETERSBURG FL 33701 CITY-ST-ZIP TITLE \mathbf{DV} ☐ Defete TITLE ☐ Change ☐ Addition NAME MENKE ROBERT NAME STREET ADDRESS 360 CENTRAL AVENUE STREET ADDRESS CITY-ST-ZIP ST PETERSBURG 33701 CITY-ST-ZIP FL. TITLE ☐ Delete TITLE X Change ☐ Addition NAME MEEHAN DAVID NAME MEEHAN DAVID STREET ADDRESS 360 CENTRAL AVENUE 360 CENTRAL AVENUE STREET ADDRESS CITY-ST-ZIP ST PETERSBURG FL 33701 ST PETERSBURG FL33701 CITY-ST-ZIP TITLE DC ☐ Delete TITLE ☐ Addition Change NAME MENKE ROBERT NAME STREET ADDRESS 360 CENTRAL AVENUE STREET ADDRESS

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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.

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