2000 UNIFORM BUSINESS REPORT (UBR) Apr 10, 2000 8:00 am Secretary of State DOCUMENT # S28224 THE CHILDRENS HOUSE OF COLLIER COUNTY, INC. 04-10-2000 90048 017 ***150.00 Principal Place of Business Mailing Address 2310 HUNTER BLVD 2310 HUNTER BLVD NAPLES FL 34116-6942 NAPLES FL 33999-5439 00031884 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 65-0238751 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SEPANSKI, RAYMOND Street Address (P.O. Box Number is Not Acceptable) 2310 HUNTER BLVD NAPLES FL 34116 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so: After MAY 1, 2000 Fee will be \$550.00 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 11. 12. ☐ Addition ☐ Delete TITLE TITLE RAYMOND SEPANSKI NAME NAME 2310 HUNTER BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL ☐ Addition Change ☐ Delete TITLE SEPANSKI, ANNA A. NAME NAME 2310 HUNTER BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL CITY-ST-ZIP VP-☐ Delete TITLE Change Addition TITLE RYAN SEPANSKI NAME NAME STREET ADDRESS 2310 HUNTER BLVD STREET ADDRESS CITY-ST-ZIP NAPLES FL 34116 CITY-ST-ZIP Delete Addition FASON GREPHAGILI TITLE JAEDA SEPANSKI NAME 2310 HUNTER BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34116 ☐ Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

SIGNATURE AND TWEED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

tutes; and that my name appears in Block 1) or Blo

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