2000 UNIFORM BUSINESS RÉPORT (UBR)

DOCUMENT # \$40614 Apr 13, 2000 8:00 am Secretary of State 1. Entity Name WHITNEY LEADERSHIP GROUP, INC. 04-13-2000 90105 009 ***150.00 Mailing Address Principal Place of Business 4818 CORONADO PARKWAY 4818 CORONADO PARKWAY CAPE CORAL FL 33904 CAPE CORAL FL 33904-9517 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0250432 Not Applicable Zip Zip Country \$8.75 Additional 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 BREVOORT, RICHARD Street Address (P.O. Box Number is Not Acceptable) 4818 CORONADO PARKWAY CAPE CORAL FL 33904 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title it applicable. DATE 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 STDP ☐ Change TITLE ☐ Delete TITLE WHITNEY, RUSSELL NAME NAME STREET ADDRESS 4818 CORONADO PARKWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE BREVOORT, RICHARD NAME STREET ADDRESS STREET ADDRESS 4818 CORONADO PARKWAY CITY-ST-ZIP CITY-ST-7/P CAPE CORAL FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DIRE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TiT) F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if her like empowered. 13. I hereby certify that the information supplied with this

changed, or on an attachment with an sell Albitury 4/3/2000 (94) SIGNATURE:

indicated on this report or supplemental, of the corporation or the receiver or trustee er