

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 27, 2001 08:00 AM**
Secretary of State**DOCUMENT # 281420**1. Entity Name
M & S SHOPPING CENTERS INC. OF FLORIDA

Principal Place of Business	Mailing Address
901 EAST BLVD	901 EAST BLVD
CHARLOTTE NC 282035203 US	CHARLOTTE NC 282035203 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number
56-0845644Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PENSON ALBERT C
2810 REMINGTON GREEN CIRCLE**TALLAHASSEE FL**
32308 US

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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.

SIGNATURE _____ **03/27/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	LLOYD PAUL E	
STREET ADDRESS	901 EAST BLVD	
CITY-ST-ZIP	CHARLOTTE NC 282035203	
TITLE	D	<input type="checkbox"/> Delete
NAME	POSTON L.A.	
STREET ADDRESS	513 S TRYON ST	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROYSTER GEORGE A	
STREET ADDRESS	901 EAST BLVD	
CITY-ST-ZIP	CHARLOTTE NC 282035203	
TITLE	S	<input type="checkbox"/> Delete
NAME	STEWART JAMES I	
STREET ADDRESS	901 EAST BLVD	
CITY-ST-ZIP	CHARLOTTE NC 282035203	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROYSTER GEORGE	
STREET ADDRESS	901 EAST BLVD	
CITY-ST-ZIP	CHARLOTTE NC 282035203	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MEISELMAN,IRA S	
STREET ADDRESS	513 TRYON ST	
CITY-ST-ZIP	CHARLOTTE NC	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POSTON L.A.	
STREET ADDRESS	901 EAST BLVD	
CITY-ST-ZIP	CHARLOTTE NC 282035203	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEISELMAN CARTER D	
STREET ADDRESS	901 EAST BLVD	
CITY-ST-ZIP	CHARLOTTE NC 282035203	

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.

SIGNATURE: GEORGE ROYSTER

T

03/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)