

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90062 017 ****61.25

DOCUMENT # 738676

1. Entity Name

THE 221 NORTH CAUSEWAY ASSOCIATION, INC.

Principal Place of Business

221 N CAUSEWAY
 NEW SMYRNA BCH FL 32169-5239
 US

Mailing Address

221 N CAUSEWAY
 NEW SMYRNA BCH FL 32169-5298
 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

59-1757455

Applied For

Not Applicable

5. 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

ROSS, WILLIAM L. JR.
221 N CAUSEWAY
NEW SMYRNA BCH FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **STD** Delete
 NAME **SPENCE, HAL**
 STREET ADDRESS **1104 N PENINSULA**
 CITY-ST-ZIP **NEW SMYRNA BCH, FL 00000 32169**

TITLE **VPD** Change Addition
 NAME **James S. Ethridge**
 STREET ADDRESS **510 Ball Street**
 CITY-ST-ZIP **New Smyrna Beach, FL 32168**

TITLE **PD** Delete
 NAME **ROSS, WILLIAM, JR**
 STREET ADDRESS **636 N RIVERSIDE DRIVE**
 CITY-ST-ZIP **NEW SMYRNA BCH, FL 00000 32168**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **HALL, MARK. R.**
 STREET ADDRESS **415 CANAL ST**
 CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1-5-00

904-427-5227

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)