

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90067 033 ***150.00

DOCUMENT # 843315

1. Entity Name

COMMODORES POINT TERMINAL CORP.

Principal Place of Business

Mailing Address

1010 E ADAMS ST
 PO BOX 4069
 JACKSONVILLE FL 32201-4069

1010 E ADAMS ST
 PO BOX 4069
 JACKSONVILLE FL 32201-4069

2. Principal Place of Business

1010 E. Adams Street

3. Mailing Address

1010 E. Adams Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-1851206

Applied For

Not Applicable

Zip
 32202

Country
 USA

Zip
 32202

Country
 USA

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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

9. 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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. 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 Delete
 NAME **VDS**
 STREET ADDRESS **HERTLE, CAROL**
 CITY-ST-ZIP **1010 E ADAMS ST**
JACKSONVILLE FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VAS**
 STREET ADDRESS **KREIS, ROBERT R**
 CITY-ST-ZIP **1 INDEPENDENT DR STE 1600**
JACKSONVILLE FL 32202

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VT**
 STREET ADDRESS **WILLIAMS, L D**
 CITY-ST-ZIP **1 INDEPENDENT DR STE 1600**
JACKSONVILLE FL 32202

TITLE Change Addition
 NAME **VP/T**
 STREET ADDRESS **Shields, David R.**
 CITY-ST-ZIP **1 Independent Drive, Suite 1600**
Jacksonville, FL 32202

TITLE Delete
 NAME **CDP**
 STREET ADDRESS **LOVETT, RADFORD D.**
 CITY-ST-ZIP **1 INDEPENDENT DR STE 1600**
JACKSONVILLE FL 32202

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **AS**
 STREET ADDRESS **Pope, Deloris H.**
 CITY-ST-ZIP **1 Independent Drive, Suite 1600**
Jacksonville, FL 32202

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE REQUIRED

David R. Shields, V-Pres.

4/6/00

904/634-8808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 19/99