

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 am
Secretary of State

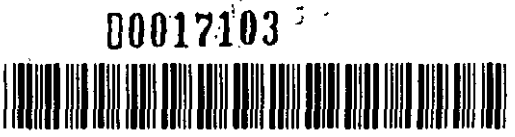
02-07-2000 90011 048 ***150.00

DOCUMENT # F97000005365

1. Entity Name
SCA FLORIDA HOLDINGS (2) INCORPORATED

Principal Place of Business 7670 S CHESTER ST. STE 100 ENGLEWOOD CO 80112 US		Mailing Address C/O ARCHSTONE TAX DEPT. 7777 MARKET CENTER AVE. EL PASO TX 79912-8411 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525



DO NOT WRITE IN THIS SPACE

4. FEI Number **74-2846442** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DCCE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SELLERS, R. SCOT	NAME	
STREET ADDRESS	7670 S. CHESTER ST., STE 100	STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CO 80112	CITY-ST-ZIP	
TITLE	DMCO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHELAN, PATRICK R	NAME	
STREET ADDRESS	7670 S. CHESTER ST., STE 100	STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CO 80112	CITY-ST-ZIP	
TITLE	MD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEMAN, J. LINDSAY	NAME	
STREET ADDRESS	SIX PIEDMONT CENTER, STE. 600	STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30305	CITY-ST-ZIP	
TITLE	SVT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELL, WILLIAM	NAME	
STREET ADDRESS	7777 MARKET CENTER AVENUE	STREET ADDRESS	
CITY-ST-ZIP	EL PASO TX 79912	CITY-ST-ZIP	
TITLE	SVS <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLOPF, JEFFREY A	NAME	Assistant S
STREET ADDRESS	125 LINCOLN AVE.	STREET ADDRESS	Jeffrey A. Klopf
CITY-ST-ZIP	SANTA FE NM 87501	CITY-ST-ZIP	125 Lincoln Avenue
TITLE	SVCF <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUELLER JR., CHARLES E	NAME	
STREET ADDRESS	7670 S. CHESTER ST, STE 100	STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CO 80112	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: *William Kell* **1-31-00 915-877-1773**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #