

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90118 048 ****61.25

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DOCUMENT # N99000000226

1. Entity Name

SEARSTOWN MALL ASSOCIATION, INC.

Principal Place of Business

**3550 S WASHINGTON AVE
 TITUSVILLE FL 32780**

Mailing Address

**3550 S WASHINGTON AVE
 TITUSVILLE FL 32780**

00023003



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number.

59-3646461

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**EVANS, JOHN H
 1702 S WASHINGTON AVE
 TITUSVILLE FL 32780**

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

**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

TITLE Delete
 NAME **PD MARLOWE, WOODROW JR**
 STREET ADDRESS **P O BOX 36**
 CITY-ST-ZIP **CLARKTON NC 28433**

TITLE Delete
 NAME **STD MARLOWE, PRISCILLA**
 STREET ADDRESS **P O BOX 36 N/A**
 CITY-ST-ZIP **CLARKTON NC 28433**

TITLE Delete
 NAME **VD WHICHARD, ANGELA**
 STREET ADDRESS **3901 LEWIS P. OLDS WYND**
 CITY-ST-ZIP **RALEIGH NC 37612**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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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: W. Woodrow Marlowe **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/01

Date

910-647-5521

Daytime Phone #

CR2E037 (10/00)