

# 2000 UNIFORM BUSINESS REPORT (UBR)


00333

**DOCUMENT # P94000030770**

1. Entity Name  
**ENTERPRISE PROPERTIES, INC.**

Principal Place of Business <b>325 W ADAMS ST 6TH FL JACKSONVILLE FL 32202</b>	Mailing Address <b>325 W ADAMS ST 6TH FL JACKSONVILLE FL 32202-4320 US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

**FILED**  
**00 MAR 13 PM 4:11**  
SECRETARY OF STATE  


DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3238457**

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	
<b>WILLINGHAM, BEN H JR</b> <b>325 WEST ADAMS STREET, 6TH FLOOR</b> <b>SUITE 600</b> <b>JACKSONVILLE FL 32202</b>		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 \_\_\_\_\_ (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.  **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 <b>D</b>	<input type="checkbox"/> Delete <b>AL-RAYES, ABDULLAH</b> <b>325 WEST ADAMS STREET, 6TH FLOOR</b> <b>JACKSONVILLE FL 32202</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>300003180673--7</b> <b>-03/22/00--01103--006</b> <b>****150.00 ****150.00</b>
TITLE <b>SO</b>	<input type="checkbox"/> Delete <b>WILLINGHAM, BEN H</b> <b>325 WEST ADAMS STREET, 6TH FLOOR</b> <b>JACKSONVILLE FL 32202</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)