

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90026 050 ***150.00

6811439

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1. Entity Name
ENTERPRISE PROPERTIES, INC.

Principal Place of Business
325 W ADAMS ST 6TH FL
JACKSONVILLE FL 32202

Mailing Address
325 W ADAMS ST 6TH FL
JACKSONVILLE FL 32202
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3238457**
 Applied For
 Not Applicable

City & State

Zip Country Zip Country

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

WILLINGHAM, BEN H JR
325 WEST ADAMS STREET, 6TH FLOOR
SUITE 600
JACKSONVILLE FL 32202

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, 2001 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
D
 NAME **AL-RAYES, ABDULLAH**
 STREET ADDRESS **325 WEST ADAMS STREET, 6TH FLOOR**
 CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE Change Addition

TITLE Delete
SO
 NAME **WILLINGHAM, BEN H**
 STREET ADDRESS **325 WEST ADAMS STREET, 6TH FLOOR**
 CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE Change Addition

TITLE Delete

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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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3/5/01** Daytime Phone #: **355-3500**

CR2E034 (10/00)