

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90039 016 ***150.00

DOCUMENT # P99000108519

1. Entity Name
400 FLAGLER CENTER TOWER, INC.

Principal Place of Business C/O SCHOLIN 505 SOUTH FLAGLER DRIVE SUITE 400 WEST PALM BEACH FL 33401	Mailing Address C/O SCHOLIN 505 SOUTH FLAGLER DRIVE SUITE 400 WEST PALM BEACH FL 33401
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0966197	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent

**SCHOLIN, CHRISTIAN N
 505 SOUTH FLAGLER DRIVE SUITE 400
 WEST PALM BEACH FL 33401**

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, 2002 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	
TITLE NAME D GEESEY, ALLEN R	<input type="checkbox"/> Delete
STREET ADDRESS 505 S FLAGLER DRIVE SUITE 400	
CITY-ST-ZIP WEST PALM BEACH FL 33401	
TITLE NAME D OSTROW, ANDREW A	<input type="checkbox"/> Delete
STREET ADDRESS 505 S FLAGLER DRIVE SUITE 400	
CITY-ST-ZIP WEST PALM BEACH FL 33401	
TITLE NAME D RICHARDS, WAYNE M	<input type="checkbox"/> Delete
STREET ADDRESS 505 S FLAGLER DRIVE SUITE 400	
CITY-ST-ZIP WEST PALM BEACH FL 33401	
TITLE NAME D SCHOLIN, CHRISTIAN N	<input type="checkbox"/> Delete
STREET ADDRESS 505 S FLAGLER DRIVE SUITE 400	
CITY-ST-ZIP WEST PALM BEACH FL 33401	
TITLE NAME D SUSNAR, LISA M	<input type="checkbox"/> Delete
STREET ADDRESS 505 S FLAGLER DRIVE SUITE 400	
CITY-ST-ZIP WEST PALM BEACH FL 33401	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 *Christian N. Scholin 4/26/02 561-655-7711*

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

CR2E034 (9/01)