

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 09, 2000 8:00 am**  
**Secretary of State**

03-09-2000 90110 040 \*\*\*150.00

**DOCUMENT # S55433**

1. Entity Name  
**CEDAR HOUSE PROPERTIES, INC.**

Principal Place of Business 79 CEDAR STREET ST. AUGUSTINE FL 32084-1311	Mailing Address 79 CEDAR STREET ST. AUGUSTINE FL 32084-4311
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**C0035061**



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 <b>65-0265735</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**THOMAS, RUSSELL E.**  
**79 CEDAR STREET**  
**ST. AUGUSTINE FL 32084-1311**

**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 \_\_\_\_\_ (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. (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**

TITLE P	NAME THOMAS, RUSSELL E.	STREET ADDRESS 79 CEDAR STREET	CITY-ST-ZIP ST. AUGUSTINE FL	<input type="checkbox"/> Delete
TITLE VST	NAME THOMAS, ANITA L.	STREET ADDRESS 79 CEDAR STREET	CITY-ST-ZIP ST. AUGUSTINE FL	<input type="checkbox"/> Delete
TITLE [Faded]	NAME [Faded]	STREET ADDRESS [Faded]	CITY-ST-ZIP [Faded]	<input type="checkbox"/> Delete
TITLE [Faded]	NAME [Faded]	STREET ADDRESS [Faded]	CITY-ST-ZIP [Faded]	<input type="checkbox"/> Delete
TITLE [Faded]	NAME [Faded]	STREET ADDRESS [Faded]	CITY-ST-ZIP [Faded]	<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE D.	NAME THOMAS, RUSSELL E III	STREET ADDRESS 736 SEGOVIA RD.	CITY-ST-ZIP ST. AUGUSTINE, FL 32086	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D.	NAME BEW, KENNIE L.	STREET ADDRESS 675 GOODRICH DRIVE	CITY-ST-ZIP DELTONA, FL 32725	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE [Faded]	NAME [Faded]	STREET ADDRESS [Faded]	CITY-ST-ZIP [Faded]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE [Faded]	NAME [Faded]	STREET ADDRESS [Faded]	CITY-ST-ZIP [Faded]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE [Faded]	NAME [Faded]	STREET ADDRESS [Faded]	CITY-ST-ZIP [Faded]	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Russell E. Thomas* **RUSSELL E. THOMAS** *Mar 6, 2000* **904 829 0079**

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

CR2E034 (9/99)