

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90957 035 ***150.00

DOCUMENT # P28188

1. Entity Name
200 SOUTH BISCAYNE CORPORATION

Principal Place of Business P.O. BOX 7066 TAX DEPT INDIANAPOLIS IN 46207	Mailing Address P.O. BOX 7066 TAX DEPT INDIANAPOLIS IN 46207-7066
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

115 W. WASHINGTON ST
 Suite, Apt. #, etc.
SUITE 15 B

3. Mailing Address

Suite, Apt. #, etc.

City & State
INDIANAPOLIS, IN

City & State

4. FEI Number **13-3559791**

Applied For
 Not Applicable

Zip Country
46204

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

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324

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 *DAVID SIMON*
Signature, typed or printed name of registered agent and title if applicable (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SIMON, MELVIN		NAME		
STREET ADDRESS	115 W WASHIGTON ST.		STREET ADDRESS		
CITY-ST-ZIP	INDIANAPOLIS IN 46024		CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SIMON, HERBERT		NAME		
STREET ADDRESS	115 W WASHINGTON ST.		STREET ADDRESS		
CITY-ST-ZIP	INDIANAPOLIS IN 46204		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SIMON, DAVID		NAME		
STREET ADDRESS	115 W WASHINGTON ST.		STREET ADDRESS		
CITY-ST-ZIP	INDIANAPOLIS IN 46204		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SOKOLOV, RICHARD S		NAME		
STREET ADDRESS	115 W. WASHINGTON ST.		STREET ADDRESS		
CITY-ST-ZIP	INDIANAPOLIS IN 46204		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARKLEY, JAMES M		NAME		
STREET ADDRESS	115 W. WASHINGTON ST.		STREET ADDRESS		
CITY-ST-ZIP	INDIANAPOLIS IN 46204		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STERRETT, STEPHEN E		NAME		
STREET ADDRESS	115 W. WASHINGTON ST.		STREET ADDRESS		
CITY-ST-ZIP	INDIANAPOLIS IN 46204		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: *Stephen E Sterrett*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00
Date

317/263-2325
Daytime Phone #

CR2E034 (9/99)