

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000000143

1. Entity Name

EASTGROUP FLORIDA HOLDINGS, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90305 008 ***150.00

Principal Place of Business

Mailing Address

188 EAST CAPITOL STREET
SUITE 300
JACKSON MS 39201

188 EAST CAPITOL STREET
SUITE 300
JACKSON MS 39201-2125

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

04-3215850

Applied For

Not Applicable

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 SOUTH 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

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

TITLE	DCEO	<input type="checkbox"/> Delete
NAME	SPEED, LELAND R	
STREET ADDRESS	188 EAST CAPITOL STREET	
CITY-ST-ZIP	JACKSON MS 39201	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HOSTER, DAVID H III	
STREET ADDRESS	188 EAST CAPITOL STREET	
CITY-ST-ZIP	JACKSON MS 39201	
TITLE	EVPD	<input type="checkbox"/> Delete
NAME	MCKEY, N. KEITH	
STREET ADDRESS	188 EAST CAPITOL STREET	
CITY-ST-ZIP	JACKSON MS 39201	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	HAYMAN, DIANE W	
STREET ADDRESS	188 EAST CAPITOL STREET	
CITY-ST-ZIP	JACKSON MS 39201	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	LOEB, MARSHALL A	
STREET ADDRESS	188 EAST CAPITOL STREET	
CITY-ST-ZIP	JACKSON MS 39201	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PUCKETT, JANN	
STREET ADDRESS	188 EAST CAPITOL STREET	
CITY-ST-ZIP	JACKSON MS 39201	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)