

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91072 010 ***150.00

DOCUMENT # F97000003754

1. Entity Name
EASTGROUP PROPERTIES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 300 ONE JACKSON PLACE 188 EAST CAPITOL ST JACKSON MS 39201	Mailing Address 300 ONE JACKSON PLACE 188 EAST CAPITOL ST JACKSON MS 39201
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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 **13-2711135** 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

**C T 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 _____ 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	CD <input type="checkbox"/> Delete
NAME	SPEED, LELAND R
STREET ADDRESS	300 ONE JACKSON PLACE, 188 EAST CAPITOL ST
CITY-ST-ZIP	JACKSON MS 39201
TITLE	CPD <input type="checkbox"/> Delete
NAME	HOSTER, DAVID H II
STREET ADDRESS	300 ONE JACKSON PLACE, 188 EAST CAPITOL ST
CITY-ST-ZIP	JACKSON MS 39201
TITLE	CFOT <input type="checkbox"/> Delete
NAME	MCKEY, N K
STREET ADDRESS	300 ONE JACKSON PLACE, 188 EAST CAPITOL ST
CITY-ST-ZIP	JACKSON MS 39201
TITLE	V <input type="checkbox"/> Delete
NAME	PUCKETT, JANN W
STREET ADDRESS	300 ONE JACKSON PLACE, 188 EAST CAPITOL ST
CITY-ST-ZIP	JACKSON MS 39201
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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
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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: Keith McKey CFO 5/4/01 601 354 3555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)