2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
04-26-2001 90253 006 ***150.00

DOCUMENT # 200971

1. Entity Name
GAINESVILLE SHOPPING CENTER, INC.

Principal Place of Business	Mailing Address
1300 RIVERPLACE BLVD SUITE 610 JACKSONVILLE FL 32207 US	1300 RIVERPLACE BLVD SUITE 610 JACKSONVILLE FL 32207 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6215 Wilson Blvd.	P.O. Box 7779
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, FL 32210	City & State: Jacksonville, FL 32238
Zip / Country	Zip / Country

4. FEI Number 59-0826234 ☐ 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
BRANNEN W.M. 1300 RIVERPLACE BLVD SUITE 610 JACKSONVILLE FL 32207	Name Street Address (P.O. Box Numbers Not Acceptable): 6215 Wilson Blvd. City: Jacksonville FL Zip Code: 32210

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's 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TOWERS JR,C D 1300 RIVERPLACE BLVD. SUITE 610 JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1301 Riverplace Blvd. Suite 1500 Jacksonville, FL 32207
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD LYLE,M.L. 1300 RIVERPLACE BLVD., SUITE 610 JACKSONVILLE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VAS BRANNEN, W. M. 1300 RIVERPLACE BLVD. SUITE 610 JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 6215 Wilson Blvd. Jacksonville, FL 32210
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LYERLY, JEAN B. 1300 RIVERPLACE BLVD., SUITE 610 JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 6215 Wilson Blvd. Jacksonville, FL 32210
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)( ), 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: W M Brannen W.M. Brannen 4/12/01 904/778-1888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #