

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90024 038 \*\*\*150.00

**DOCUMENT # 379742**

1. Entity Name

**PV RETAIL PROPERTIES, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 23627  
 JACKSONVILLE FL 32241-3627  
 US

P.O. BOX 23627  
 JACKSONVILLE FL 32241-3627  
 US

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

**59-1346441**

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

**FOSTER, DAVID M.**  
**1300 RIVERPLACE BLVD**  
**JACKSONVILLE FL 32207**

Name

**FOSTER, DAVID M.**

Street Address (P.O. Box Number is Not Acceptable)

**9540 SAN JOSE BLVD**

City

**JACKSONVILLE,**

**FL**

Zip Code  
**32257**

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 M. FOSTER**

**03/08/2000**

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	PD	<input type="checkbox"/> Delete
NAME	<b>WILSON, KENNETH P.</b>	
STREET ADDRESS	<b>9540 STATE ROAD 13</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 00000</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>SMITH, P. JEREMY JR.</b>	
STREET ADDRESS	<b>9540 SAN JOSE BLVD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 00000</b>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	<b>LUKE, JOSEPH C</b>	
STREET ADDRESS	<b>9540 SAN JOSE BLVD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 00000</b>	
TITLE	TAS	<input type="checkbox"/> Delete
NAME	<b>GLAVIN, THOMAS M.</b>	
STREET ADDRESS	<b>9540 SAN JOSE BLVD.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>FOSTER, DAVID M</b>	
STREET ADDRESS	<b>1300 RIVERPLACE BLVD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 00000</b>	
TITLE	VS	<input type="checkbox"/> Delete
NAME	<b>LUEDERS, JACK C.JR.</b>	
STREET ADDRESS	<b>9540 SAN JOSE BLVD.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	

TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ANTHONY A ANDERSON</b>	
STREET ADDRESS	<b>9540 SAN JOSE BLVD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32257</b>	
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:

**JACK C. LUEDERS JR.**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02/22/00**

**(904) 448-2910**

Daytime Phone #

CR2E034 (9/99)