

2000 UNIFORM BUSINESS REPORT (UBR)

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

03-17-2000 90048 050 ***150.00

DOCUMENT # 462638

1. Entity Name

FLAGLER PROPERTIES, INC.

Principal Place of Business

Mailing Address

**THE BREAKERS HOTEL ONE S. COUNTY ROAD
 PALM BEACH FL 33480
 US**

**THE BREAKERS HOTEL ONE S COUNTY RD
 PALM BEACH FL 33480
 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

59-2255835

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEONE, PAUL N.
 % THE BREAKERS HOTEL
 ONE SOUTH COUNTY RD
 PALM BEACH FL 33480**

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KENAN, JAMES G., III		NAME		
STREET ADDRESS	212 BARROW ROAD		STREET ADDRESS		
CITY-ST-ZIP	LEXINGTON KY		CITY-ST-ZIP		
TITLE	VCD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KENAN, OWEN G.		NAME		
STREET ADDRESS	1011 PINEHURST DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CHAPEL HILL NC		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KENNEDY, JAMES C		NAME		
STREET ADDRESS	2865 HOWELL MILL RD NW		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		CITY-ST-ZIP		
TITLE	SAT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GILMURRAY, ALEX		NAME		
STREET ADDRESS	13412 CHELMSFORD ST		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KENAN, THOMAS S. III		NAME		
STREET ADDRESS	106 LAUREL HILL CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	CHAPEL HILL NC		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEONE, PAUL N		NAME		
STREET ADDRESS	ONE S COUNTY RD		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL		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 reports 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

2/25/00

(561)655-6611

Date

Daytime Phone #

Paul N. Leone