

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 757304

1. Entity Name

ECKERD COLLEGE PROPERTIES, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90077 031 ****61.25

Principal Place of Business

4200-54TH AVENUE SOUTH
P O BOX 12560
ST PETE FL 33733

Mailing Address

4200-54TH AVENUE SOUTH
P O BOX 12560
ST PETE FL 33733-2560

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2124132

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HULL, J. WEBSTER
4200 54TH AVE. S.
ST. PETERSBURG FL 33711

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ARMCOST, PETER H.	
STREET ADDRESS	4200 54TH AVE S	
CITY-ST-ZIP	ST PETE, FL 00000	
TITLE	DC	<input type="checkbox"/> Delete
NAME	STANLEY P WHITCOMB	
STREET ADDRESS	1647 SUN CITY CNTR PL204	
CITY-ST-ZIP	SUN CITY FL	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	ADAMS, PAXTON	
STREET ADDRESS	2834 NORTH PELHAM ROAD	
CITY-ST-ZIP	ST PETERSBURG FL	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D, VP, S&T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARMCOST, PETER H. HULL, J. W.	
STREET ADDRESS	4200 54TH AVE. S.	
CITY-ST-ZIP	ST. PETE, FL 33711	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RANSON, ARTHUR J. III	
STREET ADDRESS	401 W. COLONIAL DR., # 2	
CITY-ST-ZIP	ORLANDO, FL 32804	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEE ATTACHED	
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		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/00

727/864-8311

Date

Daytime Phone #

CR2E037 (9/99)