2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 21, 2001 8:00 am
Secretary of State
05-14-2001 90262 017 ****61.25

DOCUMENT # 757304

1. Entity Name

ECKERD COLLEGE PROPERTIES, INC.

Principal Place of Business	Mailing Address
4200-54TH AVENUE SOUTH P O BOX 12560 ST PETE FL 33733	4200-54TH AVENUE SOUTH P O BOX 12560 ST PETE FL 33733

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	P.O. Box 58281
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: ST PETERSBURG FL
Zip / Country	Zip: 33715 / Country

4. FEI Number: 59-2124132 ☐ 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
HULL, J. WEBSTER 4200 54TH AVE. S. ST. PETERSBURG FL 33711	Name: JOSEPH EDWARDS Street Address (P.O. Box Number is Not Acceptable): SQUIRE, SANDERS & DEMPSEY, LLP 201 N. FRANKLIN ST. #2100 City: TAMPA FL Zip Code: 33602

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 _____ 6/18/01
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ARMCOST, PETER H. 4200 54TH AVE S ST PETE, FL 00000	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTS WILLIAM J. MCKENNA JR 31 FRANKLIN COURT S. ST PETERSBURG FL 33711	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC STANLEY P WHITCOMB 1647 SUN CITY CNTR PL204 SUN CITY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDC STANLEY P. WHITCOMB 1647 SUN CITY CNTR PL204 SUN CITY FL 33573	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD ADAMS, PAXTON 2834 NORTH PELHAM ROAD ST PETERSBURG FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD PAYTON ADAMS 2834 NORTH PELHAM ROAD ST PETERSBURG FL 33710	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVST HULL, J . W. 4200 54 AVE S SAINT PETERSBURG FL 33711	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D P.N. RISSER III 2865 EXECUTIVE CENTER DR. CLEARWATER FL 33762	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RANSON, ARTHUR J III 401 W COLONIAL DR #2 ORLANDO FL 32804	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WRENN, GROVER 5240 62ND AVENUE SOUTH ST. PETERSBURG FL 33715-2403	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: WILLIAM J. MCKENNA, JR. SIGNATURE REQUIRED — 4/29/01 — 727-867-0723
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #