

2001 UNIFORM BUSINESS REPORT (UBR)

0088831

DOCUMENT # F00000005303

1. Entity Name

REEDY BRANCH SHOPPING CENTER, INC.

FILED

01 FEB -1 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
800 NEWPORT CENTER DRIVE, SUITE 300 800 NEWPORT CENTER DRIVE, SUITE 300
NEWPORT BEACH FL 92660 NEWPORT BEACH FL 92660

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

33-0926186

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

~~PARACORP INCORPORATED~~
~~230 EAST 8TH AVENUE~~
~~TALLAHASSEE FL 32303~~

Name

CT Corporation System

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

1200 South Pine Island Road

City

Plantation

FL

Zip Code
33324

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.

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME HUBBS, DAVID K
STREET ADDRESS 800 NEWPORT CENTER DRIVE, SUITE 300
CITY-ST-ZIP NEWPORT BEACH FL 92660 ☐ Delete

TITLE
NAME 000003656100-5
STREET ADDRESS -02/07/01--01071--013
CITY-ST-ZIP *****61.25 *****61.25 ☐ Change ☐ Addition

TITLE VSTD
NAME SULLIVAN, LAWRENCE K
STREET ADDRESS 800 NEWPORT CENTER DRIVE, SUITE 300
CITY-ST-ZIP NEWPORT BEACH FL 92660 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME CAVANAUGH, JEFFREY S
STREET ADDRESS 800 NEWPORT CENTER DRIVE, SUITE 300
CITY-ST-ZIP NEWPORT BEACH FL 92660 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
NAME MCWALTERS, JAMES G
STREET ADDRESS 800 NEWPORT CENTER DRIVE, SUITE 300
CITY-ST-ZIP NEWPORT BEACH FL 92660 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
NAME GAYLORD, LAURA R
STREET ADDRESS 800 NEWPORT CENTER DRIVE, SUITE 300
CITY-ST-ZIP NEWPORT BEACH FL 92660 ☒ Delete

TITLE Assistant Secretary
NAME Scott Amling
STREET ADDRESS 800 Newport Center Drive #300
CITY-ST-ZIP Newport Beach, CA 92660 ☒ Change ☐ Addition

TITLE AS
NAME LING, RITA R
STREET ADDRESS 800 NEWPORT CENTER DRIVE, SUITE 300
CITY-ST-ZIP NEWPORT BEACH FL 92660 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David K. Hubbs, President 1/15/01 949-219-5000

Date

Daytime Phone #

CR2E037 (10/00)