

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000005528

1. Entity Name

SPG PROPERTIES, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90319 032 ***150.00

Principal Place of Business

Mailing Address

SUITE 15-E
115 WEST WASHINGTON STREET
INDIANAPOLIS IN 46204

PO BOX 7066
TAX DEPT.
INDIANAPOLIS IN 46207-7066
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 **35-1901999**

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

TITLE	CD	<input type="checkbox"/> Delete
NAME	SIMON, MELVIN	
STREET ADDRESS	115 WEST WASHINGTON STREET, SUITE 15 EAST	
CITY-ST-ZIP	INDIANAPOLIS IN 46204	
TITLE	CD	<input type="checkbox"/> Delete
NAME	SIMON, HERBERT	
STREET ADDRESS	115 WEST WASHINGTON STREET, SUITE 15 EAST	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SIMON, DAVID	
STREET ADDRESS	115 WEST WASHINGTON STREET, SUITE 15 EAST	
CITY-ST-ZIP	INDIANAPOLIS IN 46204	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FOXWORTHY, RANDOLPH L	
STREET ADDRESS	115 WEST WASHINGTON STREET, SUITE 15 EAST	
CITY-ST-ZIP	INDIANAPOLIS IN 46204	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CAVANAGH, DENNIS	
STREET ADDRESS	115 WEST WASHINGTON STREET, SUITE 15 EAST	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE	V	<input type="checkbox"/> Delete
NAME	NAPOLI, JAMES A	
STREET ADDRESS	115 WEST WASHINGTON STREET, SUITE 15 EAST	
CITY-ST-ZIP	INDIANAPOLIS IN 46204	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/00 317/263-2325

CR2E034 (9/99)