

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90026 004 ***550.00

DOCUMENT # F95000000520

1. Entity Name
LS3P ASSOCIATES LTD. CORPORATION

Principal Place of Business

**24 NORTH MARKET ST
 CHARLESTON SC 29401**

Mailing Address

**24 NORTH MARKET ST
 CHARLESTON SC 29401**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

24 North Market St.
 Suite, Apt. #, etc.
Suite 300
 City & State
Charleston, SC

3. Mailing Address

24 North Market St.
 Suite, Apt. #, etc.
Suite 300
 City & State
Charleston, SC

4. FEI Number **57-0475651**

Applied For
 Not Applicable

Zip
29401

Country
Charleston

Zip
29401

Country
Charleston

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 _____ (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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COBD LUCAS, FRANK E FAIA <input type="checkbox"/> Delete 24 NORTH MARKET STREET, SUITE 300 CHARLESTON SC 29401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PENNEY, THOMPSON E FAIA <input type="checkbox"/> Delete 24 NORTH MARKET STREET, SUITE 300 CHARLESTON SC 29401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ESD PASCULLIS, VITO R AIA <input type="checkbox"/> Delete 24 NORTH MARKET STREET, SUITE 300 CHARLESTON SC 29401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD POWELL, RICHARD L AIA <input type="checkbox"/> Delete 24 NORTH MARKET STREET, SUITE 300 CHARLESTON SC 29401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ACHELE, ERIC C AIA <input type="checkbox"/> Delete 24 NORTH MARKET STREET, SUITE 300 CHARLESTON SC 29401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BAKER, MARK L ASLA <input checked="" type="checkbox"/> Delete 24 NORTH MARKET STREET, SUITE 300 CHARLESTON SC 29401

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Susan Baker 112 S Tryon St. Suite 200 Charlotte, NC 28284
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Mike Tribble 112 S Tryon St. Suite 200 Charlotte, NC 28284
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Tommy Byrum 112 S Tryon St Suite 200 Charlotte, NC 28284
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date _____ Daytime Phone # _____

CFR2E034 (5/00)