2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 08:00 AM
Secretary of State

DOCUMENT # **F95000005638**

1. Entity Name
NET LEASE REALTY I, INC.

Principal Place of Business	Mailing Address
400 E S ST #500 ORLANDO FL 32801	400 E S ST #500 ORLANDO FL 32801

2. Principal Place of Business	3. Mailing Address
450 S. ORANGE AVENUE	450 S. ORANGE AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO FL	City & State: ORLANDO FL
Zip: 32801 Country:	Zip: 32801 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3325662 ☐ 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 US	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 _____ 03/07/2000
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D LANIER TED B 400 EAST SOUTH STREET SUITE 500 ORLANDO FL 32801	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COX WILLOUGBY T. 400 E. SOUTH ST., STE 500 ORLANDO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LANIER TED B 450 S. ORANGE AVENUE ORLANDO FL 32801	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HINKLE CLIFFORD R. 400 E SOUTH STREET, STE 500 ORLANDO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HINKLE CLIFFORD R 450 S. ORANGE AVENUE ORLANDO FL 32801	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVST HABICHT KEVIN 400 EAST SOUTH STREET SUITE 500 ORLANDO FL 32801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVST HABICHT KEVIN B 450 S. ORANGE AVENUE ORLANDO FL 32801	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCOO RALSTON GARY M 400 EAST SOUTH STREET SUITE 500 ORLANDO FL 32801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCOO RALSTON GARY M 450 S. ORANGE AVENUE ORLANDO FL 32801	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCCE SENEFF JAMES MJR 400 EAST SOUTH STREET SUITE 500 ORLANDO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCEO SENEFF JAMES MJR 450 S. ORANGE AVENUE ORLANDO FL 32801	☒ Change ☐ 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: GARY M. RALSTON P 03/07/2000