

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 07, 2000 08:00 AM****Secretary of State****DOCUMENT # F97000003270****1. Entity Name**

NET LEASE REALTY IV, INC.

**Principal Place of Business**

400 E. SOUTH ST., #500

ORLANDO  
32801

FL

**Mailing Address**

400 E. SOUTH ST., #500

ORLANDO  
32801

FL

**2. Principal Place of Business**

450 S. ORANGE AVENUE

**3. Mailing Address**

450 S. ORANGE AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

ORLANDO

FL

**City & State**

ORLANDO

FL

**4. FEI Number****59-3450451****Applied For**☐ Not ApplicableZip  
32801

Country

Zip  
32801

Country

**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

33324

US

FL

**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**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**03/07/2000**

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**

|                |                               |                                 |
|----------------|-------------------------------|---------------------------------|
| TITLE          | D                             | <input type="checkbox"/> Delete |
| NAME           | LANIER TED B                  |                                 |
| STREET ADDRESS | 400 E SOUTH STREET, SUITE 500 |                                 |
| CITY-ST-ZIP    | ORLANDO FL 32801              |                                 |
| TITLE          | EVST                          | <input type="checkbox"/> Delete |
| NAME           | HABICHT KEVIN B               |                                 |
| STREET ADDRESS | 400 E. SOUTH ST., #500        |                                 |
| CITY-ST-ZIP    | ORLANDO FL 32801              |                                 |
| TITLE          | PCOO                          | <input type="checkbox"/> Delete |
| NAME           | RALSTON GARY M                |                                 |
| STREET ADDRESS | 400 E. SOUTH ST., #500        |                                 |
| CITY-ST-ZIP    | ORLANDO FL 32801              |                                 |
| TITLE          | D                             | <input type="checkbox"/> Delete |
| NAME           | HINKLE CLIFFORD RJR           |                                 |
| STREET ADDRESS | 400 E. SOUTH ST., #500        |                                 |
| CITY-ST-ZIP    | ORLANDO FL 32801              |                                 |
| TITLE          | DCCO                          | <input type="checkbox"/> Delete |
| NAME           | SENEFF JAMES MJR              |                                 |
| STREET ADDRESS | 400 E. SOUTH ST., #500        |                                 |
| CITY-ST-ZIP    | ORLANDO FL 32801              |                                 |
| TITLE          |                               | <input type="checkbox"/> Delete |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                |                      |  |
|----------------|----------------------|--|
| TITLE          | D                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | LANIER TED B         |  |
| STREET ADDRESS | 450 S. ORANGE AVENUE |  |
| CITY-ST-ZIP    | ORLANDO FL 32801     |  |
| TITLE          | EVST                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | HABICHT KEVIN B      |  |
| STREET ADDRESS | 450 S. ORANGE AVENUE |  |
| CITY-ST-ZIP    | ORLANDO FL 32801     |  |
| TITLE          | PCOO                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | RALSTON GARY M       |  |
| STREET ADDRESS | 450 S. ORANGE AVENUE |  |
| CITY-ST-ZIP    | ORLANDO FL 32801     |  |
| TITLE          | D                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | HINKLE CLIFFORD R    |  |
| STREET ADDRESS | 450 S. ORANGE AVENUE |  |
| CITY-ST-ZIP    | ORLANDO FL 32801     |  |
| TITLE          | DCEO                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | SENEFF JAMES MJR     |  |
| STREET ADDRESS | 450 S. ORANGE AVENUE |  |
| CITY-ST-ZIP    | ORLANDO FL 32801     |  |
| 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: GARY M. RALSTON****03/07/2000**