

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2002 8:00 am
Secretary of State

04-05-2002 90002 044 ***150.00

060307 AT

DOCUMENT #	F99000004822
1. Entity Name	
SANTA ROSA MALL, INC.	

Principal Place of Business	Mailing Address
4121 CARMICHAEL ROAD, SUITE 501	4121 CARMICHAEL ROAD, SUITE 501
MONTGOMERY AL 36106	MONTGOMERY AL 36106

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number		63-1234002		<input type="checkbox"/> Applied For	
				<input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent					
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)

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	<input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution.	<input type="checkbox"/>	\$5.00 May Be Added to Fees
---	--------------------------	---	---	--------------------------	------------------------------------

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PCD	TITLE	
NAME	WILSON, JAMES W III	NAME	
STREET ADDRESS	4121 CARMICHAEL ROAD, SUITE 501	STREET ADDRESS	
CITY-ST-ZIP	MONTGOMERY AL 36106	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	WILSON, WILLIAM B	NAME	
STREET ADDRESS	4121 CARMICHAEL ROAD, SUITE 501	STREET ADDRESS	
CITY-ST-ZIP	MONTGOMERY AL 36106	CITY-ST-ZIP	
TITLE	STD	TITLE	
NAME	BARTLETT, CARL J	NAME	
STREET ADDRESS	4121 CARMICHAEL ROAD, SUITE 501	STREET ADDRESS	
CITY-ST-ZIP	MONTGOMERY AL 36106	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	WILSON, JAMES W JR.	NAME	
STREET ADDRESS	4121 CARMICHAEL ROAD, SUITE 501	STREET ADDRESS	
CITY-ST-ZIP	MONTGOMERY AL 36106	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	BLANCHARD, JOHN D	NAME	
STREET ADDRESS	4121 CARMICHAEL ROAD, SUITE 501	STREET ADDRESS	
CITY-ST-ZIP	MONTGOMERY AL 36106	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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 REQUIRED**

3-13-02 334 260-2500

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)