

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 27, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # F99000006738**1. Entity Name  
SRAC-GP, INC.**Principal Place of Business**

200 SOUTH ANDREWS AVENUE

FORT LAUDERDALE  
33301

FL

**Mailing Address**

200 SOUTH ANDREWS AVENUE

FORT LAUDERDALE  
33301

FL

**2. Principal Place of Business**

200 SOUTH ANDREWS AVENUE, 11TH FLOOR

**3. Mailing Address**

200 SOUTH ANDREWS AVENUE, 11TH FLOOR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

FORT LAUDERDALE

FL

**City & State**

FORT LAUDERDALE

FL

**Zip**  
33301**Country****Zip**  
33301**Country****4. FEI Number****52-2207158****Applied For****Not Applicable****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 ROADPLANTATION  
33324

FL

US

**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)

**02/27/2001**

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, 2001 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**

<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	T WILSON LELAND F
<b>STREET ADDRESS</b>	200 SOUTH ANDREWS AVENUE
<b>CITY-ST-ZIP</b>	FORT LAUDERDALE FL 33301
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	S SCHWARTZ HOWARD
<b>STREET ADDRESS</b>	200 SOUTH ANDREWS AVENUE
<b>CITY-ST-ZIP</b>	FORT LAUDERDALE FL 33301
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	P FRAYER TODD
<b>STREET ADDRESS</b>	200 SOUTH ANDREWS AVENUE
<b>CITY-ST-ZIP</b>	FORT LAUDERDALE FL 33301
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	DAS SIMPSON JEFFREY K
<b>STREET ADDRESS</b>	1201 MARKET STREET, SUITE 1700
<b>CITY-ST-ZIP</b>	WILMINGTON DE 19801
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	CAS STEWART GORDON W
<b>STREET ADDRESS</b>	1201 MARKET STREET, SUITE 1700
<b>CITY-ST-ZIP</b>	WILMINGTON DE 19801

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

<b>TITLE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	VP HURST O. MASON
<b>STREET ADDRESS</b>	200 SOUTH ANDREWS AVENUE
<b>CITY-ST-ZIP</b>	FORT LAUDERDALE FL 33301
<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	VPT WILSON LELAND F
<b>STREET ADDRESS</b>	200 SOUTH ANDREWS AVENUE
<b>CITY-ST-ZIP</b>	FORT LAUDERDALE FL 33301
<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	DVPS SCHWARTZ HOWARD D
<b>STREET ADDRESS</b>	200 SOUTH ANDREWS AVENUE
<b>CITY-ST-ZIP</b>	FORT LAUDERDALE FL 33301
<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	P FAVER TODD
<b>STREET ADDRESS</b>	200 SOUTH ANDREWS AVENUE
<b>CITY-ST-ZIP</b>	FORT LAUDERDALE FL 33301
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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:** Howard D. Schwartz

S

02/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)