

2000 UNIFORM BUSINESS REPORT (UBR)

0010001

DOCUMENT # G16475

1. Entity Name

SPI REALTY ASSOCIATES, INC.

Principal Place of Business

Mailing Address

2 EATON STREET, SUITE #1100
HAMPTON VA 23669

2 EATON STREET, SUITE #1100
HAMPTON VA 23669-4094

FILED

00 MAY -5 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11741



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2316315

Applied For
Not Applicable

Zip

Country

Zip

Country

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

KELLY, WILLIAM
6301 BISCAYNE BLVD.
SUITE 100
MIAMI FL 33138

Name: Gail Bronson
Street Address (P.O. Box Number is Not Acceptable):
10301 Biscayne Blvd.
Suite 100
City: Miami FL Zip Code: 33138

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)

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: DC ☐ Delete
NAME: JOSEPH, EDWIN A
STREET ADDRESS: 2 EATON STREET #1100
CITY-ST-ZIP: HAMPTON VA

TITLE: ☐ Change ☐ Addition
NAME: 700003259657-2
STREET ADDRESS: -05/19/00--01091--003
CITY-ST-ZIP: ****450.00 ****150.00

TITLE: P ☐ Delete
NAME: LAYNE, AUBREY L JR
STREET ADDRESS: 2 EATON STREET, SUITE 1100
CITY-ST-ZIP: HAMPTON VA 23669

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☒ Addition
STREET ADDRESS: 5 Byrne, Joseph P.
CITY-ST-ZIP: 2 Eaton St. Suite 1100
Hampton VA 23669

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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TITLE: ☐ Change ☐ Addition
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CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Aubrey L. Layne, President

CR2E034 (9/99)