

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J05082

1. Entity Name

GROUP IV PROPERTIES, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90142 012 ***150.00

Principal Place of Business

Mailing Address

6900 SOUTHPOINT DRIVE N.
250
JACKSONVILLE FL 32216
US

6900 SOUTHPOINT DRIVE N.
250
JACKSONVILLE FL 32216-0936
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2651583**

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

SANKERS, GUS
6900 SOUTHPOINT DRIVE, NORTH
250
JACKSONVILLE FL 32216

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)

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

T ☐ Delete
NAME HUTCHINSON, MARC C.
STREET ADDRESS 1092 MCCUE COURT
CITY-ST-ZIP GREAT FALLS VA 22066

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

D ☐ Delete
NAME PRENTICE, BRYANT, III
STREET ADDRESS 47 FAIRLAWN DRIVE
CITY-ST-ZIP EGGERTSVILLE, NY. 14226

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

P ☐ Delete
NAME SANKERS, GUS
STREET ADDRESS 4091 TIMUQUANA ROAD
CITY-ST-ZIP JACKSONVILLE FL 32210

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

D ☐ Delete
NAME FRANSEN, VICTOR R.
STREET ADDRESS 837 DOLLEY MADISON BLVD.
CITY-ST-ZIP MCLEAN VA 22101

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

☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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☐ Change ☐ Addition
TITLE
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:

SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-2000 904-296-1112

CR2E034 (9/99)