

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J05082

1. Entity Name
GROUP IV PROPERTIES, INC.

Principal Place of Business
**6900 SOUTHPOINT DRIVE N.
250
JACKSONVILLE FL 32216
US**

Mailing Address
**6900 SOUTHPOINT DRIVE N.
250
JACKSONVILLE FL 32216
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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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

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

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01
Date

904-296-1112
Daytime Phone #

CR2E034 (10/00)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90094 030 ***150.00



DO NOT WRITE IN THIS SPACE