

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90139 045 ***150.00

DOCUMENT # J92529
 1. Entity Name
LDP, INC.

Principal Place of Business 1 INDEPENDENT DRIVE SUITE 1600 JACKSONVILLE FL 32202-5009 US	Mailing Address 1 INDEPENDENT DR SUITE 1600 JACKSONVILLE FL 32202-5009 US
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DO NOT WRITE IN THIS SPACE

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

4. FEI Number 59-2930320	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
**KREIS, ROBERT R.
 1 INDEPENDENT DR
 SUITE 1600
 JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent
 Name **Shields, David R.**
 Street Address (P.O. Box Number is Not Acceptable)
**1 Independent Drive
 Suite 1600**
 City **Jacksonville** **FL** Zip **32202**

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 **David R. Shields** **April 4, 2000**
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	
TITLE DC	<input type="checkbox"/> Delete
NAME LOVETT, RADFORD D.	
STREET ADDRESS 1 INDEPENDENT DR STE 1600	
CITY-ST-ZIP JACKSONVILLE FL 32202	
TITLE DP	<input type="checkbox"/> Delete
NAME LOVETT, WILLIAM R., II	
STREET ADDRESS 1 INDEPENDENT DR STE 1600	
CITY-ST-ZIP JACKSONVILLE FL 32202	
TITLE VT	<input checked="" type="checkbox"/> Delete
NAME WILLIAMS, LEWIS D.	
STREET ADDRESS 1 INDEPENDENT DR STE 1600	
CITY-ST-ZIP JACKSONVILLE FL 32202	
TITLE VD	<input checked="" type="checkbox"/> Delete
NAME KREIS, ROBERT R.	
STREET ADDRESS 1 INDEPENDENT DRIVE SUITE 1600	
CITY-ST-ZIP JACKSONVILLE FL 32202	
TITLE AS	<input type="checkbox"/> Delete
NAME MELLO, JEANNINE	
STREET ADDRESS 1 INDEPENDENT DR STE 1600	
CITY-ST-ZIP JACKSONVILLE FL 32202	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Shields, David R.	
STREET ADDRESS 1 Independent Drive, Suite 1600	
CITY-ST-ZIP Jacksonville, Florida 32202	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Mello, Jeannine	
STREET ADDRESS 1 Independent Drive, Suite 1600	
CITY-ST-ZIP Jacksonville, FL 32202	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **David R. Shields, V-Pres** **4/4/00** **(904) 634-8808**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)