

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33376

1. Entity Name

FT. PIERCE BUSINESS PARK PHASE II PROPERTY OWNER

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

05-16-2000 90092 012 ****61.25

Principal Place of Business	Mailing Address
%ARCHIE A. HENDRY, III 2106 NE RIVER COURT JENSEN BEACH FL 34957	656 BUCK HENDRY WAY STUART FL 34994-9635 US

2. Principal Place of Business	3. Mailing Address
4101 Bandy Blvd.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State		
Ft. Pierce, FL			
Zip	Country	Zip	Country
34981	USA		

4. FEI Number	Applied For
65-0203792	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
HENDRY, ARCHIE A. III 656 BUCK HENDRY WAY STUART FL 34994

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) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HENDRY, ARCHIE A. III 2106 NE RIVER COURT JENSEN BEACH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SATUR, DAVID 867 KUBIN AVE. JENSEN BEACH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENDRY, KAREN L 2106 N.E. RIVER COURT JENSEN BEACH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Hendry, Archie A. III 2106 NE River Court Jensen Beach, FL 34957 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Satur, David 867 Kubin Ave Jensen Beach, FL 34957 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hendry, Karen L. 2106 NE River Court Jensen Beach, FL 34957 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David Satur **FEES REQUIRED** 4/28/00 561-682-9533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #