

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003506

1. Entity Name
SV/CENTRAL - DANIA PROPERTIES, INC.

FILED
Jul 26, 2000 8:00 am
Secretary of State

05-26-2000 90116 035 ****61.50
07-26-2000 90044 024 ****61.25

Principal Place of Business Mailing Address
STRATFORD POINT BLDG. **STRATFORD POINT BLDG.**
110 S. STRATFORD RD., 5TH FLOOR **110 S. STRATFORD RD., 5TH FLOOR**
WINSTON-SALEM NC 27104 **WINSTON-SALEM NC 27104**



DO NOT WRITE IN THIS SPACE

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

4. FE Number **562150947** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BUTT, JEFFREY D ESQ.
201 E. KENNEDY BLVD., STE. 1000
TAMPA FL 33602

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WATERS, BRETT	
STREET ADDRESS	3334 HEALY DR., STE. 301	
CITY-ST-ZIP	WINSTON-SALEM NC 27103	
TITLE	D	<input type="checkbox"/> Delete
NAME	TIFFANY, BART	
STREET ADDRESS	3520 TRIAD CT.	
CITY-ST-ZIP	WINSTON-SALEM NC 27107	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COVELL, BRUCE	
STREET ADDRESS	6655 S.W. 7TH ST.	
CITY-ST-ZIP	MARGATE FL 33068	
TITLE	D	<input type="checkbox"/> Delete
NAME	Galen Goetz	
STREET ADDRESS	3452 Paisley Circle	
CITY-ST-ZIP	Orlando, Fl. 32817	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		<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		

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: *Jeffrey D Butt* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date _____ Daytime Phone # _____

CR2E037 (5/00)