

4/25

FILED

May 30, 2001 8:00 am  
Secretary of State

04-25-2001 90066 008 \*\*\*150.00

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000013470

1. Entity Name

FDC PE BUILDING I LP, INC.

Principal Place of Business  
10151 DEERWOOD PARK BLVD.  
BLDG. 100, STE. 330  
JACKSONVILLE FL 32256Mailing Address  
10151 DEERWOOD PARK BLVD.  
BLDG. 100, STE. 330  
JACKSONVILLE FL 32256

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

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

HANSON, KARL B III  
10151 DEERWOOD PARK BLVD.  
BLDG. 100, STE. 330  
JACKSONVILLE FL 32256

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 State10. 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 D ☐ Delete  
NAME CAREY, G. JOHN  
STREET ADDRESS 712 S. OREGON AVE.  
CITY-ST-ZIP TAMPA FL 33606TITLE D ☐ Delete  
NAME MACSWAIN, ROBERT  
STREET ADDRESS 712 S. OREGON AVE.  
CITY-ST-ZIP TAMPA FL 33606TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE PD ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 10151 Deerwood Park Blvd., Bldg. 100  
CITY-ST-ZIP Jacksonville, FL 32256 Suite 330TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS One Malaga Street  
CITY-ST-ZIP Saint Augustine, FL 32084TITLE CD ☐ Change ☒ Addition  
NAME RW Anestis  
STREET ADDRESS One Malaga Street  
CITY-ST-ZIP Saint Augustine, FL 32084TITLE S ☐ Change ☒ Addition  
NAME Heidi J. Eddins  
STREET ADDRESS One Malaga Street  
CITY-ST-ZIP Saint Augustine, FL 32084TITLE VT ☐ Change ☒ Addition  
NAME M. Thompson  
STREET ADDRESS 10151 Deerwood Park Blvd., Bldg. 100  
CITY-ST-ZIP Jacksonville, FL 32256 Suite 330TITLE V ☐ Change ☒ Addition  
NAME Steven A. Stattner  
STREET ADDRESS 2400 North Commerce Pkwy., Ste. 405  
CITY-ST-ZIP Weston, FL 33326

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

Date

Daytime Phone #

CR2E034 (10/00)