

2001 UNIFORM BUSINESS REPORT (UBR)

4/25

FILED
May 30, 2001 8:00 am
Secretary of State

04-25-2001 90066 013 ***150.00

DOCUMENT # P00000100912

1. Entity Name

FDC PE BUILDING II, INC.

Principal Place of Business

**10151 DEERWOOD PARK BOULEVARD
 BUILDING 100 - SUITE 330
 JACKSONVILLE FL 32256**

Mailing Address

**10151 DEERWOOD PARK BOULEVARD
 BUILDING 100 - SUITE 330
 JACKSONVILLE FL 32256**

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

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 BOULEVARD
 BUILDING 100 - SUITE 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 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 MACSWAIN, ROBERT F
 ONE MALAGA STREET
 ST. AUGUSTINE FL 32084** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 G. JOHN CAREY
 10151 DEERWOOD PARK BLVD. BLDG. 100 #330
 JACKSONVILLE FL 32256** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DC
 RW Anestis
 One Malaga Street
 Saint Augustine, FL 32084** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**S
 Heidi J. Eddins
 One Malaga Street
 Saint Augustine, FL 32084** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VT
 M. Thompson
 10151 Deerwood Park Blvd., Bldg. 100
 Jacksonville, FL 32256 Suite 330** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**V
 Steven A. Stattner
 2400 North Commerce Pkwy., Ste. 405
 Weston, FL 33326** ☐ Change ☒ Addition

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 #

CR034 (10/00)