

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90347 049 ***150.00

DOCUMENT # P00199

1. Entity Name

WEITZ PROPERTIES, INC.

Principal Place of Business

Mailing Address

**800 SECOND AVE.
 DES MOINES IA 50309**

**800 SECOND AVE.
 DES MOINES IA 50309**

2. Principal Place of Business

400 Locust St

Suite, Apt. #, etc.

Ste 830

3. Mailing Address

400 Locust St

Suite, Apt. #, etc.

Ste 830

City & State

Des Moines IA

City & State

Des Moines IA

Zip

50309-2334

Country

USA

Zip

50309-2334

Country

USA

4. FEI Number

42-0770254

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

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

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, 2002 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 **PD** ☐ Delete
 NAME **WEITZ, FRED W.**
 STREET ADDRESS **800 SECOND AVE.**
 CITY-ST-ZIP **DES MOINES IA**

TITLE **D** ☐ Delete
 NAME **WEITZ, STEVENSON**
 STREET ADDRESS **800 SECOND AVE**
 CITY-ST-ZIP **DES MOINES IO**

TITLE **ST** ☐ Delete
 NAME **GRIEVE, LISA D**
 STREET ADDRESS **800 SECOND AVE.**
 CITY-ST-ZIP **DES MOINES IA 50309**

TITLE **S** ☐ Delete
 NAME **WEITZ, FRED B**
 STREET ADDRESS **800 SECOND AVE.**
 CITY-ST-ZIP **DES MOINES IA 50309**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
 NAME **Weitz, Fred W**
 STREET ADDRESS **400 Locust St, Ste 830**
 CITY-ST-ZIP **Des Moines IA 50309-2334**

TITLE **D** ☒ Change ☐ Addition
 NAME **Weitz, Stevenson**
 STREET ADDRESS **400 Locust St, Ste 830**
 CITY-ST-ZIP **Des Moines IA 50309-2334**

TITLE **VPST** ☒ Change ☐ Addition
 NAME **Grieve, Lisa D**
 STREET ADDRESS **400 Locust St, Ste 830**
 CITY-ST-ZIP **Des Moines IA 50309-2334**

TITLE **D** ☒ Change ☐ Addition
 NAME **Weitz, Fred B**
 STREET ADDRESS **400 Locust St, Ste 830**
 CITY-ST-ZIP **Des Moines IA 50309-2334**

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

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lisa D. Grieve

Vice President

Secretary/Treasurer

1-18-02

Date

(515) 875-4750

Daytime Phone #

CR2E034 (9/01)