	UNIFORM BUSI	NESS REPO	DRT (UBR)		FIL	ED		
					May 19, 2000 8:00 am Secretary of State			
SIQUILLI	e developers, inc.				05-19-2000 900			
Principal Place of Business Mailing Address								
115 WEST WASHINGTON STREET INDIANAPOLIS IN 46204 US		P O BOX 7066 ATTN TAX DEPT INDIANAPOLIS IN 46207-7066 US				AII 01051 51515 55515 EEE		
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		_	DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Num	34-1/40/50		plied For t Applicable	
Zip	Country	Zip 	Country	_5Certifica	ite of Status Desired.	\$8.75 Adv	litional	
·	6. Name and Address of Current R	egistered Agent		7. Name a	nd Address of New Regist			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD			Name Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
	NTATION FL 33324							
			City			FL Zip Cod	e	
Tax filing r	oration is eligible to satisfy its intangible requirement and elects to do so. ría on back)	After MAY 1, 20	III FEE IS \$150.00 000 Fee will be \$550.0 ble to Department of \$	State	Election Campaign Financir Trust Fund Contribution.		0 May Be to Fees	
11.	OFFICERS AND D		12.	ADDITION	S/CHANGES TO OFFICER			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SIMON, MELVIN 115 W WASHINGTON STREET INDIANAPOLIS IN	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	·		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASV SIMON, HERBERT 115 W WASHINGTON STREET INDIANAPOLIS IN,	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		~	Change	Addition	
TITLE NAME Street address City-st-zip	VPS SIMON, DAVID 10555 HUSSEY LANE CARMEL IN	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			📋 Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS FOXWORTHY, RANDOLPH L. 115 W WASHINGTON STREET INDIANAPOLIS IN	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GREENWALD, LAWRENCE 115 W WASHINGTON STREET INDIANAPOLIS IN	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
of the co	certify that the information supplied with I d on this report or supplemental report is t rporation or the receiver or trustee empow , or on an attachment with an address, with CURE:	vered to execute this repor	t as required by Chapter I.	h Section 119.07 he same legal ef 607, Florida State 4/2	3)(i), Florida Statutes. I furth lect as if made under oath; utes; and that my name app 7/00 3 Date	er certify that the in that 1 am an officer ears in Block 11 or 17/263-2 Daytime Phone #	nformation or director Block 12 if	