

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P92000004031

FILED
Apr 30, 2003
Secretary of State

Entity Name: SUNTREE SQUARE, INC.

Current Principal Place of Business:

% NORTH AMERICAN PROPERTIES-SOUTHEAST, INC.
12995 S. CLEVELAND AVE., SUITE 214
FORT MYERS, FL 33907

New Principal Place of Business:

% NORTH AMERICAN PROPERTIES-SOUTHEAST, INC.
7500 COLLEGE PARKWAY
FORT MYERS, FL 33907

Current Mailing Address:

% NORTH AMERICAN PROPERTIES-SOUTHEAST, INC.
12995 S. CLEVELAND AVE., SUITE 214
FORT MYERS, FL 33907

New Mailing Address:

% NORTH AMERICAN PROPERTIES-SOUTHEAST, INC.
7500 COLLEGE PARKWAY
FORT MYERS, FL 33907

FEI Number: 65-0373493

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAFELE, DALE G
% NORTH AMERICAN PROPERTIES-SOUTHEAST, INC.
12995 S. CLEVELAND AVE., SUITE 214
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

HAFELE, DALE G
% NORTH AMERICAN PROPERTIES-SOUTHEAST, INC.
7500 COLLEGE PARKWAY
FORT MYERS, FL 33907 US

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:

04/30/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILLIAMS, THOMAS L
Address: 212 E. 3RD ST., SUITE 300
City-St-Zip: CINCINNATI, OH

Title: SD () Delete
Name: WILLIAMS, W. JOSEPH JR.
Address: 212 E. 3RD ST., SUITE 300
City-St-Zip: CINCINNATI, OH 45202

Title: VD () Delete
Name: GROTE, RICHARD W
Address: 5240 LESTER RD., #200
City-St-Zip: CINCINNATI, OH

Title: VD () Delete
Name: HAFELE, DALE G
Address: 12995 S. CLEVELAND AVE., #214
City-St-Zip: FT MYERS, FL

Title: V () Delete
Name: SPREHN, SUSAN M
Address: 12995 S CLEVELAND AVE STE 214
City-St-Zip: FT MYERS, FL 33907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN SPREHN

V

04/30/2003

Electronic Signature of Signing Officer or Director

Date