

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000023973

1. Entity Name

HERNDON PROPERTIES, INC.

Principal Place of Business

Mailing Address

ONE TAMPA CITY CENTER, SUITE 2100
201 N. FRANKLIN ST.
TAMPA FL 33602

ONE TAMPA CITY CENTER, SUITE 2100
201 N. FRANKLIN ST.
TAMPA FL 33602-5167

2. Principal Place of Business

One Tampa City Center

Suite, Apt. #, etc.

Suite 2200

City & State

Tampa, Florida

Zip

33602

Country

U.S.A.

3. Mailing Address

Attn: Fred S. Ridley
One Tampa City Center

Suite, Apt. #, etc.

Suite 2200

City & State

Tampa, Florida

Zip

33602

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3181511

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIDLEY, FRED S

201 N. FRANKLIN ST.

2200

ONE TAMPA CITY CENTER, SUITE 2100

TAMPA FL 33602

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, 2000 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	DPS	<input type="checkbox"/> Delete
NAME	RIDLEY, ELIZABETH H	
STREET ADDRESS	1007 FRANKLAND RD.	
CITY-ST-ZIP	TAMPA FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	MAJOR, SARAH P	
STREET ADDRESS	8 BROOKSIDE WAY	
CITY-ST-ZIP	GREENVILLE SC 29605	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	SHIRES, SYDNEY L	
STREET ADDRESS	2918 BAYSHORE CT.	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Elizabeth H. Ridley
Elizabeth H. Ridley, President

Date

Daytime Phone #

CR2E034 (9/99)