

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000039723

1. Entity Name

AMERICA FIRST FLORIDA REIT, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90005 029 ***150.00

Principal Place of Business	Mailing Address
POPLAR AVE STE 340 MEMPHIS TN 38138 US	6584 POPLAR AVE STE 340 MEMPHIS TN 38138-0637 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	47-0769593	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM 8751 WEST BROWARD BLVD. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PCD
NAME	CATES, GEORGE E
STREET ADDRESS	6584 POPLAR AVE, STE 340
CITY-ST-ZIP	MEMPHIS TN
TITLE	VD
NAME	WADSWORTH, SIMON R.C.
STREET ADDRESS	6584 POPLAR AVE, STE 340
CITY-ST-ZIP	MEMPHIS TN
TITLE	VST
NAME	MARTINI, MARK S.
STREET ADDRESS	6584 POPLAR AVE STE 340
CITY-ST-ZIP	MEMPHIS TN 38138
TITLE	D
NAME	SCHOLL, LINDA D.
STREET ADDRESS	1755 KIRBY PARKWAY, STE 100
CITY-ST-ZIP	MEMPHIS TN
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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	

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: _____ 4-28-00 901-682-6600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Simon Wadsworth Date Daytime Phone #

CR2E034 (9/99)