

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90055 042 ***150.00

DOCUMENT # P93000041695

1. Entity Name
 SOUTH VOLUSIA PROPERTIES, INC.

Principal Place of Business Mailing Address
 P.O. Box 838 P.O. Box 838
 Tampa, FL 33601-0838 Tampa, FL 33601-0838

AU027409

2. Principal Place of Business 3. Mailing Address
 Ste. 200, Paramount Plaza Ste. 200, Paramount Plaza
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 14502 N. Dale Mabry Hwy. 14502 N. Dale Mabry Hwy.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
 Tampa, FL 33618 Tampa, FL 33618 59-3186978 Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
 33618 U.S.A. 33618 U.S.A.

6. Name and Address of Current Registered Agent
 Lau, Mary A.
 100 S. Ashley Dr.
 Suite 1700
 Tampa, FL 33602

7. Name and Address of New Registered Agent
 Name Lau, James V.
 Street Address (P.O. Box Number is Not Acceptable) Ste. 200, Paramount Plaza
 14502 N. Dale Mabry Hwy.
 City Tampa FL Zip Code 33618

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 *James V. Lau* James V. Lau President 2/11/00
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 D <input type="checkbox"/> Delete	NAME Lau, James V.
STREET ADDRESS P.O. Box 838 N/A	CITY-ST-ZIP Tampa, FL 33601-0838
TITLE VP/D <input type="checkbox"/> Delete	NAME McCreadie, David W.
STREET ADDRESS P.O. Box 838	CITY-ST-ZIP Tampa, FL 33601
TITLE D <input type="checkbox"/> Delete	NAME Conley, Timothy C.
STREET ADDRESS P.O. Box 838	CITY-ST-ZIP Tampa, FL 33601
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 P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Lau, James V.
STREET ADDRESS Ste. 200 Paramount Plaza, 14502 N.	CITY-ST-ZIP Tampa, FL 33618 Dale Mabry
TITLE VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME McCreadie, David W.
STREET ADDRESS P.O. Box 838	CITY-ST-ZIP Tampa, FL 33601
TITLE VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Conley, Timothy C.
STREET ADDRESS P.O. Box 838	CITY-ST-ZIP Tampa, FL 33601
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: *James V. Lau* James V. Lau President 2/11/00 (813)908-8127
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2:034 (9/99)