

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000041695

1. Entity Name

SOUTH VOLUSIA PROPERTIES, INC.

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

03-06-2000 90055 042 \*\*\*150.00

Principal Place of Business

Mailing Address

P.O. Box 838 P.O. Box 838  
Tampa, FL 33601-0838 Tampa, FL 33601-0838  
Tampa, Florida 33601

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  
Tampa, FL 33618

City & State  
Tampa, FL 33618

4. FEI Number  
59-3186978

Applied For  
Not Applicable

Zip  
33618

Country  
U.S.A.

Zip  
33618

Country  
U.S.A.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Lau, Mary A.  
100 S. Ashley Dr.  
Suite 1700  
Tampa, FL 33602

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 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                      |                                 |
|----------------|----------------------|---------------------------------|
| 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          | <del>VP/D</del>      | <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    |                      |                                 |

|                |                                    |  |
|----------------|------------------------------------|--|
| 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)