

**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.  
 City & State City & State  
 Tampa, FL 33618 Tampa, FL 33618  
 Zip Country Zip Country  
 33618 U.S.A. 33618 U.S.A.

4. FEI Number Applied For  
 59-3186978 Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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	<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		

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)