

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000004369

1. Entity Name

F. C. CARROLL PROPERTIES, INC.

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90453 037 ***150.00

Principal Place of Business
1507 SUNSET POINT PLACE
KISSIMMEE FL 34744

Mailing Address
PO BOX 420178
KISSIMMEE FL 34742-0178

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country

4. FEI Number **59-3302376** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CARROLL, FAYE C
1507 SUNSET POINT PLACE
KISSIMMEE FL 34744

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, 2001 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 DPT Delete
NAME CARROLL, FAYE C
STREET ADDRESS 1507 SUNSET POINTE PLACE
CITY-ST-ZIP KISSIMMEE FL 34744

TITLE VS Delete
NAME SESSIONS, MARK C
STREET ADDRESS 1507 SUNSET POINTE PLACE
CITY-ST-ZIP KISSIMMEE FL 34744

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change 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:

 MARK SESSIONS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)