

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000057608**

1. Entity Name

AMERICAN FEDERAL PROPERTIES, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90268 030 ***150.00

Principal Place of Business

**4347-10 UNIVERSITY BLVD SOUTH
JACKSONVILLE FL 32216**

Mailing Address

**4347-10 UNIVERSITY BLVD SOUTH
JACKSONVILLE FL 32216**

2. Principal Place of Business

1 Sleiman Parkway

Suite, Apt. #, etc.

Suite 270

City & State

Jacksonville, Florida

Zip

32216

Country

U.S.A.

3. Mailing Address

1 Sleiman Parkway

Suite, Apt. #, etc.

Suite 270

City & State

Jacksonville, Florida

Zip

32216

Country

U.S.A.



DO NOT WRITE IN THIS SPACE.

4. FFI Number **59-3331709**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HEEKIN, ROBERT A
4347-10 UNIVERSITY BLVD SOUTH
JACKSONVILLE FL 32216**

7. Name and Address of New Registered Agent

Name

Heekin, Robert A.

Street Address (P.O. Box Number is Not Acceptable)

1 Sleiman Parkway, Suite 280

City
Jacksonville

Zip Code
32216

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 is not applicable

(NOTE: Registered Agent's signature required when registering)

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	D	☐ Delete
NAME	SLEIMAN, ELI T	
STREET ADDRESS	4347-10 UNIVERSITY BLVD SOUTH	
CITY-STATE-ZIP	JACKSONVILLE FL 32216	
TITLE	D	☐ Delete
NAME	SLEIMAN, JOSEPHINE T	
STREET ADDRESS	4347-10 UNIVERSITY BLVD SOUTH	
CITY-STATE-ZIP	JACKSONVILLE FL 32216	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	☐ Change ☐ Addition
NAME	Sleiman, Eli T.	
STREET ADDRESS	1 Sleiman Parkway, Suite 270	
CITY-STATE-ZIP	Jacksonville, Florida 32216	
TITLE	D	☐ Change ☐ Addition
NAME	Sleiman, Josephine T.	
STREET ADDRESS	1 Sleiman Parkway, Suite 270	
CITY-STATE-ZIP	Jacksonville, Florida 32216	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-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, name or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter D. Sleiman

4/15/01

904/731-8886

CR2E034 (10/00)