

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**  
 05-08-2002 90010 004 \*\*\*150.00

**DOCUMENT # P96000029483**

1. Entity Name  
**SOUTHEND REDEVELOPMENT CORPORATION**

Principal Place of Business  
**1 SLEIMAN PARKWAY STE 270  
 JACKSONVILLE FL 32216**

Mailing Address  
**1 SLEIMAN PARKWAY STE 270  
 JACKSONVILLE FL 32216**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3374090**

Applied For  
 Not Applicable

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

**SLEIMAN, PETER D  
 1 SLEIMAN PARKWAY STE 270  
 JACKSONVILLE FL 32216**

Name  
**M. Mark Heekin**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1 Sleiman Parkway, Suite 270**  
 City **Jacksonville** **FL** 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]* **January 28, 2002**  
 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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D SLEIMAN, ANTHONY T 1 SLEIMAN PARKWAY STE 270 JACKSONVILLE FL 32216</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SLEIMAN, PETER D 1 SLEIMAN PARKWAY STE 270 JACKSONVILLE FL 32216</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SLEIMAN, ELI T JR 1 SLEIMAN PARKWAY STE 270 JACKSONVILLE FL 32216</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SLEIMAN, JOSEPH E 1 SLEIMAN PARKWAY STE 270 JACKSONVILLE FL 32216</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP Bernard E. Smith 1 Sleiman Parkway, Suite 270 Jacksonville, Florida 32216</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Bernard E. Smith**  
 Date

**January 28, 2002**  
 Daytime Phone #

CR2E034 (9/01)