

**2000 UNIFORM BUSINESS REPORT (UBR)**

9/12/00-90234-025-\$158.75-\$158.75

1 of 2

**DOCUMENT # P96000098983**

1. Entity Name  
**SIZ-DEVELOPMENT, INC.**

FILED

00 OCT -6 PM 12:58

Principal Place of Business  
2542 WILLIAMS BOULEVARD  
KENNER LA 70062

Mailing Address  
2542 WILLIAMS BOULEVARD  
KENNER LA 70062

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**A0076276**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
2542 Williams Boulevard  
Suite, Apt. #, etc.  
**Attention: Legal Dept.**

City & State  
Kenner, LA

4. FEI Number **72-1350133**

Applied For  
 Not Applicable

Zip Country  
70062 USA

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

6. Name and Address of Current Registered Agent  
**GART, DAVID A, c/o Shutts & Bowen**  
**250 AUSTRALIAN AVENUE, SOUTH**  
**SUITE 500**  
**WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D LASSEN, SIDNEY W</b> <b>2542 WILLIAMS BOULEVARD</b> <b>KENNER LA 70062</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP BRODIE, JAMES W.</b> <b>2542 WILLIAMS BLVD</b> <b>KENNER LA</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST CHERAMIE, GUY M</b> <b>2542 WILLIAMS BLVD</b> <b>KENNER LA</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		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/Asst. S</b>	<input checked="" 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

CR2E034 (5/00)

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**JAMES W. BRODIE, V.P.**

**9/5/00**  
Date

**504-471-6200**  
Daytime Phone #

282

September 28, 2000

Attn: Ms. Ashton  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314-6327

**Re:** *Siz-Development, Inc.*  
**Document Number:** *P96000098983*

Dear Madam/Sir:

Enclosed please find the 2000 Uniform Business Report for the above referenced entity.

The original form for this entity was never received from the Florida Department of State, Division of Corporations.

When this document was not received, I contacted your office and was advised to request a blank form. The form was requested and was in the process of being prepared when the enclosed preprinted form was received. This preprinted form has been duly executed.

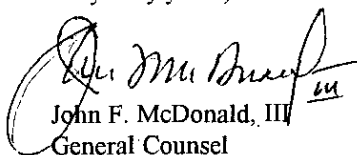
Attached to the form is a copy of the check which was presented for payment in the amount of \$158.75 representing the original required fee of \$150.00 and the additional fee of \$8.75 for a Certificate of Status.

Due to the fact that the original form was not delivered to our office and there was a delay in obtaining new forms, I would request that you waive any penalties and allow this form to be filed with the original filing fees presented.

Your assistance and cooperation in this matter would be greatly appreciated. If you have any questions, please do not hesitate to call.

With kind regards, I remain

Very truly yours,

  
John F. McDonald, III  
General Counsel

JFMII/at

Enclosures

**CERTIFIED MAIL #: P943705143**

AREA CODE 504 - 471-6200

NEW ORLEANS

2542 WILLIAMS BOULEVARD - KENNER, LOUISIANA 70062-5596

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