

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000005896

1. Entity Name
STENNIS PROPERTIES, INC.

Principal Place of Business

~~201 EAST PINE STREET~~
~~SUITE 1200~~
ORLANDO FL 32801

Mailing Address

~~201 EAST PINE STREET~~
~~SUITE 1200~~
ORLANDO FL 32801

2. Principal Place of Business

301 EAST PINE STREET
Suite, Apt. #, etc.
SUITE 1400

3. Mailing Address

301 EAST PINE STREET
Suite, Apt. #, etc.
SUITE 1400

City & State
ORLANDO, FL

City & State
ORLANDO, FL

Zip
32801

Country
ORANGE

Zip
32801

Country
ORANGE

4. FEI Number 59-3425287

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, MICHAEL E
301 EAST PINE STREET
SUITE 1400
ORLANDO FL 32801

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

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 \$550.00
After September 12, 2001 Fee 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	D	<input checked="" type="checkbox"/> Delete
NAME	WRIGHT, JAMES C	
STREET ADDRESS	203 CHURCH STREET	
CITY-ST-ZIP	LUCEDALE MS 39452	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WRIGHT, FRANCES E	
STREET ADDRESS	203 CHURCH STREET	
CITY-ST-ZIP	LUCEDALE MS 39452	
TITLE	D	<input type="checkbox"/> Delete
NAME	WRIGHT, MICHAEL E	
STREET ADDRESS	6095 TARAWOOD DR	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	D	<input type="checkbox"/> Delete
NAME	WRIGHT, JAMES C JR.	
STREET ADDRESS	3421 DEEP GREEN DRIVE	
CITY-ST-ZIP	GREENSBORO NC 27410	
TITLE	D	<input type="checkbox"/> Delete
NAME	WRIGHT, JOHN E	
STREET ADDRESS	1214 WASHINGTON AVENUE	
CITY-ST-ZIP	PASCAGOULA MS 39567	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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		
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Aug 31, 2001 8:00 am
Secretary of State

08-31-2001 90238 047 ***550.00



DO NOT WRITE IN THIS SPACE

0011160 AV

CR2E034 (5/01)

7/24/01

407-244-5634