

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000040897

1. Entity Name

SHOPPES AT ANDROS ISLE, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90087 035 ***150.00

Principal Place of Business	Mailing Address
NORTH AMERICAN PROPERTIES-SOUTHEAST, INC 12995 S CLEVELAND AVE. S-214 FT MYERS FL 33907	% NORTH AMERICAN PROPERTIES-SOUTHEAST, INC 12995 S CLEVELAND AVE. S-214 FT MYERS FL 33907-3807



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0755988		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
HAFELE, DALE G % NORTH AMERICAN PROPERTIES-SOUTHEAST, INC 12995 S CLEVELAND AVE, S-214 FT MYERS FL 33907				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, THOMAS L		NAME		
STREET ADDRESS	212 E. 3RD ST, SUITE 300		STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH 45202		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, W. JOSEPH		NAME		
STREET ADDRESS	212 E. 3RD ST, SUITE 300		STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH 45202		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROTE, RICHARD W		NAME		
STREET ADDRESS	212 E. 3RD ST, SUITE 300		STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH 45202		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROTE, THOMAS D		NAME		
STREET ADDRESS	212 E. 3RD ST, SUITE 300		STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH 45202		CITY-ST-ZIP		
TITLE	O	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAFELE, DALE G		NAME		
STREET ADDRESS	12995 S. CLEVELAND AVE. STE. 14		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33907		CITY-ST-ZIP		
TITLE	O	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPREHN, SUSAN M		NAME		
STREET ADDRESS	12995 S. CLEVELAND AVE. STE. 14		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33907		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: *Susan M Sprehn* 4/27/00 941-278-1121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)