

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2001 8:00 am**  
**Secretary of State**  
 04-16-2001 90024 044 \*\*\*150.00

0015857

**DOCUMENT # P98000069105**

1. Entity Name

**TWO TEN PROPERTIES, INC.**

Principal Place of Business

**1815 CORPORATE SQUARE  
 SUITE 200  
 JACKSONVILLE FL 32216**

Mailing Address

**1815 CORPORATE SQUARE  
 SUITE 200  
 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 **59-3526398**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WESTMORELAND, SHERMAN  
 1815 CORPORATE SQUARE  
 SUITE 200  
 JACKSONVILLE FL 32216**

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete  
 NAME **WESTMORELAND, SHERMAN G**  
 STREET ADDRESS **1045 CARLOTTA ROAD EAST**  
 CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE **DP** ☒ Change ☐ Addition  
 NAME **Westmoreland, Sherman G.**  
 STREET ADDRESS **1815 CORPORATE SQUARE SUITE 200**  
 CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **V** ☐ Delete  
 NAME **KUESTER, KEN**  
 STREET ADDRESS **1815 CORPORATE SQ. BLVD #200**  
 CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SHERMAN WESTMORELAND**

Date

**4/16/01**

Daytime Phone #

**904 725 0621**

CR2E034 (10/00)