## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 30, 2001 08:00 AM P98000106007 DOCUMENT # 1. Entity Name **Secretary of State** INVESTMENT PROPERTIES TRUST, INC. Principal Place of Business Mailing Address 4500 U.S. HIGHWAY 92 EAST LOT 225 4500 U.S. HIGHWAY 92 EAST LOT 225 LAKELAND FL LAKELAND FL 33801 33801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3555689 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 4500 U.S. HIGHWAY 92 EAST LOT 225 Street Address (P.O. Box Number is Not Acceptable) LAKELAND FL33801 City 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. 04/30/2001 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DV TITLE ☐ Delete TITLE ☐ Addition DHKE MAME DANNY NAME 2530 N.W. 174TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33015 CITY-ST-ZIP DV☐ Delete TITLE ☐ Change NAME DUKE GERALD WJR. NAME STREET ADDRESS 18420 N.W. 78TH AVE. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33015 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition MARVIN KNAPP NAME STREET ADDRESS 2003 SHORELAND DRIVE STREET ADDRESS CITY-ST-ZIP AUBURNDALE 33823 CITY-ST-ZIP ☐ Delete Сhапде TITLE ☐ Addition WNEK MICHAEL NAME STREET ADDRESS 526 HILLSIDE DRIVE STREET ADDRESS CITY-ST-ZIP AUBURNDALE 33823 CITY-ST-ZIP TITLE DΡ ☐ Delete TITLE ☐ Change ☐ Addition **BYERS** NAME STREET ADDRESS 4429 ARLINGTON PARK DR. STREET ADDRESS CITY-ST-ZIP LAKELAND 33801 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

04/30/2001

Daytime Phone #

Date

Byers Levy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_

CR2E034 (11/00)