

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 93593 013 ***550.00

DOCUMENT # P99000034636

1. Entity Name

PONCE LIGHTHOUSE PROPERTIES, INC.

Principal Place of Business

Mailing Address

4620 S ATLANTIC AVE
 PONCE INLET FL 32127

4620 S ATLANTIC AVE
 PONCE INLET FL 32127

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

59-3574079

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

7. Name and Address of New Registered Agent

GRAY, N DWAYNE JR
 GREENSPOON, MARDER, HIRSCHFIELD ET AL
 135 W CENTRAL BLVD, SUITE 1100
 ORLANDO FL 32801

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 *Richard A. Friedman* - *Richard A. Friedman, Exec. V.P.*

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, 2002 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 ☐ Delete
 NAME DV
 STREET ADDRESS FOX, LLOYD A
 CITY-ST-ZIP 1845 THE EXCHANGE, SUITE 200
 ATLANTA GA 30339

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

TITLE ☐ Delete
 NAME EVP
 STREET ADDRESS FRIEDMAN, RICHARD A
 CITY-ST-ZIP 4620 S ATLANTIC AVE
 PONCE INLET FL 33127

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

TITLE ☐ Delete
 NAME S
 STREET ADDRESS PINCKNEY, FRED J
 CITY-ST-ZIP 1845 THE EXCHANGE STE 200
 ATLANTA GA 30339

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

TITLE ☐ Delete
 NAME T
 STREET ADDRESS MATHIS, STEVEN B
 CITY-ST-ZIP 1845 THE EXCHANGE STE 200
 ATLANTA GA 30339

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

TITLE ☐ Delete
 NAME DP
 STREET ADDRESS TREADWAY, FREDERICK C
 CITY-ST-ZIP 4620 S ATLANTIC AVE
 PONCE INLET FL 33127

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Richard A. Friedman* *Richard A. Friedman, Exec. V.P.* *5/17/02* *386*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE # *7673000*

CR2E034 (9/01)