## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P99000099028**

1. Entity Name

SIGNATURE

STOCKTON STREET PROPERTIES, INC.

rincipal	Place of	Business
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Mailing Address

1801 HERMITAGE BLVD., STE. 600 **FALLAHASSEE FL 32308** 

1801 HERMITAGE BLVD., STE, 600 TALLAHASSEE FL 32308-7707

·	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	1

**FILED** Apr 18, 2000 8:00 am Secretary of State

04-18-2000 90248 031 \*\*\*150.00

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Time(part lade of Educations)		• maning y last one			† 1887100: 110 :Blin tolii ootil 1991			
Suite, Apt. #, el	to.	Suite, Apt. #, et	c.		DO NOT WRI	TE IN THIS	SPACE	
City & State		City & State	<u>.</u>		4. FEI Number 59–3607780		Applied F Not Appli	
Zip	Country	Zip .	Countr	у	5. Certificate of Status Desired		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent					
TODD, E	DAVID E FRMITAGE BLVD., STE. 600	· •		Name Street Addre	ss (P.O. Box Number is Not Acceptable	9)		
	ASSEE FL 32308			0.7			Zip Code	
	<del></del>			City		<u> </u>	Zip Code	
The above nan	and entity submits this stateme	ent for the purpose of char	naina its reaistere	d office or reai	stered agent, or both, in the State of FI	orida.		

9. This corporation is eligible to satisfy its Intangible

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00

10. Election Campaign Financing

\$5.00 May Be

•	ria on back)	Make Check Payable			Trust Fund Contribution.	∐ Added	to Fees
11.	OFFICERS AND DIR	ECTORS	12.	AD	DITIONS/CHANGES TO OFFICERS	AND DIRECTORS	5 IN 11
TITLE	D	☐ Delete	TITLE	P		☐ Change	X Addition
NAME	BENNETT, DOUGLAS W		NAME	Laler (	C. DeCosta		1
STREET ADDRESS	1801 HERMITAGE BLVD., STE. 600		STREET ADDRESS	3424 P	eachtree Road NE.,	#800	
CITY-ST-ZIP	TALLAHASSEE FL 32308		CITY-ST-ZIP	Atlant.	a, GA 30326		
TITLE	D	<b>X</b> Delete	TITLE	DVAS		ሺ Change	☐ Addition
NAME	HORTON, JAMES W		NAME	James 1	W. Horton		ĺ
STREET ADDRESS	1801 HERMITAGE BLVD., STE. 600		STREET ADDRESS	1801 H	ermitage Blvd., #60	0	
CITY-ST-ZIP	TALLAHASSEE FL 32308		CITY-ST-ZIP		assee, FL 32308		
TITLE	D	X Delete	TITLE	DVAT		🜠 Change	☐ Addition
NAME	QUICK, LYNNE		NAME ^	Lynne	Quick		j-
STREET ADDRESS	1801 HERMITAGE BLVD., STE. 600		STREET ADDRESS	1801 H	ermitage Blvd., #60	0	
CITY-ST-ZIP	TALLAHASSEE FL 32308		CITY-ST-ZIP		assee, FL 32308		
TITLE		☐ Delete	TITLE	V		☐ Change	X Addition
NAME			NAME	Kathle	en Burgi-Sandell		
STREET ADDRESS			STREET ADDRESS	3424 P	eachtree Road NE.,	#800	
CITY-ST-ZIP		<u>.</u>	CITY-ST-ZIP	_Atlant	a, GA 30326		
TITLE		☐ Delete	TITLE	VS		· Change	X Addition
NAME			NAME	Thomas	A. McKean		
STREET ADDRESS			STREET ADDRESS	3424 P	eachtree Road NE.,	#800	{
CITY-ST-ZIP			CITY-ST-ZIP	Atlant	a, GA 30326		
TITLE		☐ Delete	TITLE	VT		☐ Change	X Addition
NAME			NAME	Renee	Bergeron		
STREET ADDRESS	ñ.		STREET ADDRESS	3424 P	eachtree Road NE.,	#800	
CITY-ST-ZIP			CITY-ST-ZIP	Atlant	a, GA 30326		

13. I hereby certify that the information supplied with this filling 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 a paracrass, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Douglas W. Bennett,

4/4/100 850/488-4406