

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90047 009 ***150.00

DOCUMENT # S59526

1. Entity Name

PARC-SBCC, INC.

Principal Place of Business

Mailing Address

4700 AMELIA ISLAND PARKWAY
 AMELIA ISLAND FL 32034

C/O HOLLAND & KNIGHT LLP
 701 BRICKELL AVENUE, SUITE 3000
 MIAMI FL 33131-2847

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3070245

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALLIS, DONALD W
701 BRICKELL AVE
STE 300
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name
Intrastate Registered Agent Corporation

Street Address (P.O. Box Number is Not Acceptable)
701 Brickell Avenue, Suite 3000

City
Miami

FL

Zip Code
33131

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 Donald W Wallis, Donald W. Wallis, Vice President 2-3-00
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, 2000 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

TITLE Delete
 NAME **DP**
 STREET ADDRESS **O'STEEN, ROGER M.**
 CITY-ST-ZIP **4314 PABLO OAKS CT JACKSONVILLE FL 32224**

TITLE Delete
 NAME **V**
 STREET ADDRESS **BARBOUR, GREGORY**
 CITY-ST-ZIP **4314 PABLO OAKS CT JACKSONVILLE FL 32224**

TITLE Delete
 NAME **ST**
 STREET ADDRESS **OWENS, LAUREN**
 CITY-ST-ZIP **4314 PABLO OAKS CT JACKSONVILLE FL 32224**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 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: Donald W Wallis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-00 904-992-9750
Date Daytime Phone #



DO NOT WRITE IN THIS SPACE