

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V34689

1. Entity Name

DESERET PROPERTIES OF FLORIDA, INC.

FILED


May 15, 2000 8:00 am
Secretary of State

05-15-2000 90223 033 ***150.00

Principal Place of Business	Mailing Address
13754 DESERT LANE 13754 DESERET LANE ST. CLOUD FL 34773	13754 DESERT LANE 13754 DESERET LANE ST. CLOUD FL 34773-9381 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

	
DO NOT WRITE IN THIS SPACE	
4. FEI Number	Applied For
59-3170203	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PAYNE, JAMES B 13754 DESERET LANE ST. CLOUD FL 34773	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	(NOTE: Registered Agent signature required when reinstating)	DATE
Signature, typed or printed name of registered agent and title if applicable		
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
<input type="checkbox"/>		<input type="checkbox"/>

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
D CREEER, JOHN W 139 EAST SOUTH TEMPLE SALT LAKE CITY UT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T COOK, KENT L 13754 DESERT LANE ST CLOUD FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D LAMOREAUX, ROBERT 139 E SOUTH TEMPLE ST SALT LAKE CITY UT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST RUECHERT, THOMAS G 139 EAST SOUTH TEMPLE SALT LAKE CITY UT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P SQUIRES, FERREN K 13754 DESERET LN ST CLOUD FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Ferren Squires</i>	4-28-00 407 892 3672
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

CR2E034 (9/99)