## **2000 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

## Jan 18, 2000 8:00 am Secretary of State **DOCUMENT # V36817** SOUTHEASTERN REGIONAL PROPERTIES JOINT VENTURE, 01-18-2000 90144 041 \*\*\*150.00 Principal Place of Business Mailing Address 280 FLORIDA SHORES BLVD 280 FLORIDA SHORES BLVD DAYTONA BEACH SHORES FL 32118 DAYTONA BEACH SHORES FL 32118-5641 701510 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3117877 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KERR, PHILIP Street Address (P.O. Box Number is Not Acceptable) 280 FLORIDA SHORES BLVD DAYTONA BEACH SHORES FL 32118 City Zip Code FI 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) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE Change TITLE KERR. PHILIP NAME NAME STREET ADDRESS STREET ADDRESS 280 FLORIDA SHORES BLVD CITY-ST-ZIP CITY-ST-ZIP DAYTONA BCH SHS FL Change ☐ Addition ST Delete TITLE TITLE KERR, BARBARA NAME NAME STREET ADDRESS STREET ADDRESS 280 FLORIDA SHORES BLVD CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH SHORES FL ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS 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 supplied 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 regular of trustee emporement of the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILED