

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V53065

1. Entity Name

PACES POINT REIT, INC.

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90001 009 ***150.00

00006310



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
880 CARILLON PARKWAY ST. PETERSBURG FL 33716	880 CARILLON PARKWAY ST. PETERSBURG FL 33716-1102

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number	59-3155973	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHEETS, TODD W.
880 CARILLON PARKWAY
ST. PETERSBURG FL 33716

7. Name and Address of New Registered Agent

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 _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DO	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEETS, TODD W.	NAME	
STREET ADDRESS	880 CARILLON PARKWAY	STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	CITY-ST-ZIP	
TITLE	DO	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSBY, J. DAVENPORT, III	NAME	
STREET ADDRESS	880 CARILLON PARKWAY	STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	CITY-ST-ZIP	
TITLE	O	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HONADLE, CHRISTINE	NAME	
STREET ADDRESS	880 CARILLON PKWY	STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 or without other like empowered.

SIGNATURE: Todd W. Sheets 4/13/00 727-573-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)