2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V60195 1. Entity Name PEMBROKE BUILDING ASSOCIATES, INC.					FILED Feb 01, 2000 8:00 am Secretary of State					
Principal Plac	e of Business	Mailing Address		_	02	2-01-2000 900′	76 039 ***	158.75		
SUITE 300		3740 BEACH BLVD SUITE 300 JACKSONVILLE FL 32207-3818							41001441	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE	IN THIS SPA	CE		
City & State		City & State		4. FE	Number	59-3139850		!!!	plied For t Applicable	
Zip	Country	Zip	Country	5. Ce	rtificate of	Status Desired		.75 Add Required		
	6. Name and Address of Current	Registered Agent	Name	7. Na	me and A	ddress of New Re				
3740 SUITI	etree, J.C. Jr Beach Blvd E 300 (Sonville Fl 32207					s Not Acceptable)	FL	Zip Code		
Tax filling r	Signature, typed or printed name of registered agent praction is eligible to satisfy its Intangible requirement and elects to do so, ria on back).	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta		State	Trust	on Campaign Fina Fund Contribution.		Added	0 May Be to Fees	
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO DEMETREE, JACK C 3740 BEACH BLVD., STE. 300 JACKSONVILLE FL 32207	DIRECTORS Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDI	TIONS/CI	HANGES TO OFFIC		RECTORS Change	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEMETREE, MARK C 3740 BEACH BLVD., STE. 300 JACKSONVILLE-FL 32207	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		_			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MICKLER, ROBERT O 3000 INDEPENDENT SQUARE JACKSONVILLE FL 32202	. Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	±78 €				Change	☐ Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP	D DEMETREE, CHRISTOPHER C 3740 BEACH BLVD JACKSONVILLE FL 32207	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEMETREE, J.C. JR 3740 BEACH BLVD JACKSONVILLE FL 32202	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP) Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	::	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition	
13. I hereby of indicated of the core	I	strue and accurate and that mo owered to execute this report a	v signature shall have t	the same ler	ial effect a	is it made under oa	ith: that I am a	an officer i	or airector	

1/24/200C

Daytime Phone #

SIGNATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _