

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90220 035 ***550.00

VS000112

DOCUMENT # P28188

1. Entity Name

200 SOUTH BISCAYNE CORPORATION

Principal Place of Business

Mailing Address

115 W. WASHINGTON ST
 STE 15 E
 INDIANAPOLIS IN 46204

P.O. BOX 7066
 TAX DEPT
 INDIANAPOLIS IN 46207

766116



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-3559791

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

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input type="checkbox"/> Delete
NAME	SIMON, MELVIN	
STREET ADDRESS	115 W WASHIGTON ST.	
CITY-ST-ZIP	INDIANAPOLIS IN 46024	
TITLE	CD	<input type="checkbox"/> Delete
NAME	SIMON, HERBERT	
STREET ADDRESS	115 W WASHINGTON ST.	
CITY-ST-ZIP	INDIANAPOLIS IN 46204	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIMON, DAVID	
STREET ADDRESS	115 W WASHINGTON ST.	
CITY-ST-ZIP	INDIANAPOLIS IN 46204	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SOKOLOV, RICHARD S	
STREET ADDRESS	115 W. WASHINGTON ST.	
CITY-ST-ZIP	INDIANAPOLIS IN 46204	
TITLE	S	<input type="checkbox"/> Delete
NAME	BARKLEY, JAMES M	
STREET ADDRESS	115 W. WASHINGTON ST.	
CITY-ST-ZIP	INDIANAPOLIS IN 46204	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	STERRETT, STEPHEN E	
STREET ADDRESS	115 W. WASHINGTON ST.	
CITY-ST-ZIP	INDIANAPOLIS IN 46204	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Treasurer	
STREET ADDRESS	Andrew Suster	
CITY-ST-ZIP	115 W. Washington St. Indpls IN 46204	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Handwritten Signature]

5-4-01

CR2E034 (10/00)