## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED DOCUMENT # 389858** May 22, 2000 8:00 am Secretary of State PERLAND REALTY ASSOCIATES, INC. 05-22-2000 90009 046 \*\*\*150.00 Mailing Address Principal Place of Business 73 MT. WAYTE AVE. 73 MT.WAYTE AVE. FRAMINGHAM MA 01702-5803 FREMINGHAM MA 01701 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1366992 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name THOMAS A. GETZ Street Address (P.O. Box Number is Not Acceptable) **5488 PENNOCK POINT ROAD** JUPITER FL 33458 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Change ☐ Delete TITI F TITLE VICK, R J NAME STREET ADDRESS STREET ADDRESS 5499 BUNKY WAY CITY-ST-ZIP CITY-ST-7IP **DUNWOODY GA 30338** Addition ☐ Delete ☐ Change TITLE TITLE ORTEGA, ROSEMARY NAME NAME STREET ADDRESS STREET ADDRESS 73 MT WAYTE AVE CITY-ST-ZIP CITY-ST-ZIF FRAMINGHAM MA.01701. ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Defete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

3. 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 peceiver 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.

Rosemary Ortega, Secretary 4/24/00 508/628-2000

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