2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 556052 1. Entity Name BISBEE-BALDWIN REALTY COMPANY 1.							FILE SECRETARY DIVISION OF CO				•
Principal Place of Business Mailing Address							00 MAY -4	AM II:	15		
341 W FORSY PO DRAWER 10 JACKSONVILLE US	TH ST 050	s	341 W FORSYTH ST PO DRAWER 1050 JACKSONVILLE FL 32201-1050								
2. Principal Place of Business			3. Mailing Address					81 91811 91811 9 1		 	
Suite, Apt.	#, 8 lC.		Suite, Apt. #, elc.				DO NOT WRITE	IN THIS SP	AÇE		
City & State			City & State			4.	FEI Number 59-1787001			plied For t Applicable]
Zip Country		Zip Coun		try	5. Certificate of Status Desired \$8.75 Additional Fee Required						
	6. Name	and Address of Current R	egistered Agent			7. Name and Address of New Registered Agent					
	GLÉY, RON W. FORSYT			Street Address (P.O. Box Number is Not Acceptable)							
	SONVILLE									1	
					City	FL Zip Code					1
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.											1
SIGNATURE Signature, typed or printed name of registered agent and little 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) X			FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta				10. Election Campaign Fina Trust Fund Contribution.	ncing .		O May Be to Fees	
11.		OFFICERS AND D	DIRECTORS	12.		Α	DDITIONS/CHANGES TO OFFIC				٦,
TITLE NAME STREET ADDRESS CITY-5T-ZIP	JACKSONVILLE, FL 0					···	200003: -07/03/ ****?	3 10: /000	1009	-009 <u>-50.00</u>	DOEDON 101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	341 W. FO JACKSON	, Barbara L Drsyth Street Wille Fl	☐ Delete						Change	Addillon	
TITLE MAME STREET ADDRESS CITY+ST-ZIP	EVTS BENDER, 341 FORS JACKSON	SYTH ST	□ Delete		į.	. ,,] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SNOW, EV 341 W. FO JACKSON	orsyth st	□ Delete		ı.		· ·		_ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		· ·				_ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Oelete	CITY	et address -st-zip				Change AD	Addition	
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. Ronald L. Langley 4/10/00 904-353-6411											
SIGNATURE: SIGNATURE AND TYPED OR PRINTED BY STANDING OFFICER OR DIRECTOR Date Dayline Phone I											