## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 650951** Apr 22, 2000 8:00 am Secretary of State BILTMORE REALTY AND DEVELOPMENT CORP. 04-22-2000 90098 031 \*\*\*150.00 Mailing Address Principal Place of Business 2320 NF 46 ST J2U NE 40 31 LIGHTHOUSE POINT FL 33064-7259 LIGHTHOUSE POINT FL 33064-7259 2 Principal Place of Business 3890 N.E. 25TH AVENUE 3 Mailing Address N.E. 25TH AVENUE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1979734 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ANDERSON, R. MICHAEL Street Address (P.O. Box Number is Not Acceptable) 2520 NE 46 STREET LIGHTHOUSE POINT FL 33064 Zip Code City 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. XX Change TITI F ☐ Addition PD TITLE □ Delete NAME ANDERSON, R. MICHAEL NAME 3890 N.E. 25TH AVENUE STREET ADDRESS STREET ADDRESS 2520 NE 48 ST CITY-ST-ZIP CITY-ST-ZIP LIGHTHOUSE PT FL XX Change ☐ Addition Delete TITLE TITLE ANDERSON, VICTORIA K. NAME NAME 3890 N.E. 25TH AVENUE STREET ADDRESS STREET ADDRESS 2320 NE 40 ST CITY-ST-7IP CITY-ST-ZIP lighthouse Pt fl ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME LEONARD, WILLIAM F. NAME STREET ADDRESS STREET ADDRESS 4875 N FEDERAL HWY CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

YEller Cludicson

MICHAEL ANDERSON

☐ Delete

4-17-00 (954)786-0354

Daytime Phone #

Change

☐ Addition

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