

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J76414

1. Entity Name

PENN FLORIDA REALTY CORP.

Principal Place of Business

1515 N. FEDERAL HWY
SUITE 306
BOCA RATON FL 33432
US

Mailing Address

1515 N. FEDERAL HWY
SUITE 306
BOCA RATON FL 33432-1953
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2831284

Applied For

Not Applicable

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

MARCHBANKS, LAWRENCE J.
4800 NORTH FEDERAL HIGHWAY, SUITE 101E
BOCA RATON FL 33431

Name
RUSSELL T. KAMRADT, ESQ.

Street Address (P.O. Box Number is Not Acceptable)
777 South Flagler Dr., Suite 900

City
West Palm Beach

FL

Zip Code
33401

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

Russell T. Kamradt

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/26/00

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTSD
LAWRENCE, JOHN
19800 SAND POINT BAY
TEQUESTA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
AYERLE, ROBERT A.
235 PENLLYN PIKE
BLUE BELL PA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
AYERLE, ROBERT A.
110 Skippack Pike
Ft. Washington, PA 19034 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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.

SIGNATURE:

John Lawrence

John Lawrence

4/25/00

(561) 750-1030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF2E034 (9/99)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90546 028 ***150.00



DO NOT WRITE IN THIS SPACE