2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 20, 2000 8:00 am
Secretary of State
07-20-2000 90011 024 ***550.00

DOCUMENT # J82016

1. Entity Name

CATHERINE A. MOYNIHAN REALTY, INC.

Principal Place of Business	Mailing Address
% CATHERINE A. MOYNIHAN 5263 OCEAN BLVD.. STE. 10 SARASOTA FL 34242 US	% CATHERINE A. MOYNIHAN 5263 OCEAN BLVD.. STE. 10 SARASOTA FL 34242 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6604 MIDNIGHT PASS ROAD	6604 MIDNIGHT PASS ROAD
Suite, Apt. #, etc.: N/A	Suite, Apt. #, etc.: N/A
City & State: SARASOTA, FLORIDA	City & State: SARASOTA, FLORIDA
Zip: 34242 Country: U.S.A.	Zip: 34242 Country: U.S.A.

4. FEI Number: 65-0013248 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MOYNIHAN, CATHERINE A.
5263 OCEAN BLVD.
STE. 10
SARASOTA FL 34242

7. Name and Address of New Registered Agent

Name: MOYNIHAN, CATHERINE A.

Street Address (P.O. Box Number is Not Acceptable): 6604 MIDNIGHT PASS ROAD

City: SARASOTA, **FL** Zip Code: 34242

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: CATHERINE A. MOYNIHAN, DP *Catherine A. Moynihan* 7/12/2000
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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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	DP MOYNIHAN, CATHERINE A. 5263 OCEAN BLVD., STE. 10 SARASOTA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP MOYNIHAN, CATHERINE A. 6604 MIDNIGHT PASS ROAD SARASOTA, FLORIDA	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STV MOYNIHAN, JAMES A. 5263 OCEAN BLVD., STE. 10 SARASOTA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STV MOYNIHAN, JAMES A. 6604 MIDNIGHT PASS ROAD SARASOTA, FLORIDA	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOYNIHAN, JAMES A. 5263 OCEAN BLVD., STE. 10 SARASOTA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOYNIHAN, JAMES A. 6604 MIDNIGHT PASS ROAD SARASOTA, FLORIDA	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / 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: CATHERINE A. MOYNIHAN SIGNATURE REQUIRED *Catherine A. Moynihan* 7/12/2000 (941) 349-7695
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #