

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90107 039 ***150.00

DOCUMENT # K02451

1. Entity Name
HUSSEY COMPANY REAL ESTATE, INC.

Principal Place of Business % DEBORAH A. HUSSEY 2450 ESTERO BLVD. FT. MYERS BEACH FL 33931-3223	Mailing Address % DEBORAH A. HUSSEY 2450 ESTERO BLVD. FT. MYERS BEACH FL 33931-3223
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Zip

4. FEI Number **65-0014670** 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

~~WALLACE, MARY A.
 16805 COREANDER LANE, S.W.
 FT. MYERS BEACH FL 33908~~

Name **DEBORAH HUSSEY MULHEARN**
 Street Address (P.O. Box Number is Not Acceptable)
2450 ESTERO BLVD.
 City **FT. MYERS BEACH FL** Zip Code **33931**

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 *Deborah Hussey Mulhearn* DATE 1-26-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D	<input type="checkbox"/> Delete
NAME	HUSSEY, DEBORAH A.	
STREET ADDRESS	2450 ESTERO BLVD	
CITY-ST-ZIP	FT. MYERS BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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: *Deborah Hussey Mulhearn* DATE 1-26-00 DAYTIME PHONE # 941-463-3178
Signature and typed or printed name of signing officer or director