

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2001 8:00 am**  
**Secretary of State**

02-20-2001 90069 034 \*\*\*150.00

0013128

**DOCUMENT # L05959**

1. Entity Name  
~~GOLDSTEIN REALTY GROUP, INC.~~  
**GOLDSTEIN COMMERCIAL PROPERTIES, INC.**

Principal Place of Business <b>1300 RIVER PLACE BLVD.          105          JACKSONVILLE FL 32207          US</b>	Mailing Address <b>1300 RIVERPLACE BLVD          105          JACKSONVILLE FL 32207          US</b>
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**00018967**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>3753-1 CARDINAL POINT DR</b> Suite, Apt. #, etc.	3. Mailing Address <b>3753-1 CARDINAL POINT DR</b> Suite, Apt. #, etc.
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City & State <b>JACKSONVILLE, FL</b>	City & State <b>JACKSONVILLE, FL</b>	4. FEI Number <b>59-2964131</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32257</b>	Country <b>DUVAL</b>	Zip <b>32257</b>	Country <b>DUVAL</b>

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent

**ELEFANT, FRED  
 1650 PRUDENTIAL DRIVE, SUITE 105  
 JACKSONVILLE FL 32207**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPV GOLDSTEIN, BARRY J 1300 RIVERPLACE BLVD SUITE 105 JACKSONVILLE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST GOLDSTEIN, LINDA G 1300 RIVERPLACE BLVD SUITE 105 JACKSONVILLE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3753-1 CARDINAL POINT DRIVE JACKSONVILLE, FL 32257</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3753-1 CARDINAL POINT DRIVE JACKSONVILLE, FL 32257</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 **Linda G. Goldstein** **LINDA G. GOLDSTEIN** **2/16/01** **904367-0009**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)