

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 25, 2001 8:00 am
Secretary of State

04-27-2001 90242 026 ***150.00

DOCUMENT # P00000078437

1. Entity Name
STAR ISLAND REALTY, INC.

Principal Place of Business Mailing Address
5000 AVE OF THE STARS **5000 AVE OF THE STARS**
KISSIMMEE FL 34746 **KISSIMMEE FL 34746**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. **2800 N. POINCIANA BLVD**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
KISSIMMEE FL

4. FEI Number Applied For
59-3667345 Not Applicable

Zip Country Zip Country
34746 **US**

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MYERS, JARED
5000 AVE OF THE STARS
KISSIMMEE FL 34746

7. Name and Address of New Registered Agent
 Name **ROBERT KAPLUS**
 Street Address **2800 N. POINCIANA BLVD**
 City **KISSIMMEE FL 34746**

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 *[Signature]* **Robert A. Kaplus** DATE **4-20-01**
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, 2001 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete MAY, JURGEN 5000 AVE OF THE STARS KISSIMMEE FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete MEYERS, NEIL 5000 AVE OF THE STARS KISSIMMEE FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete KAPLUS, ROBERT 5000 AVE OF THE STARS KISSIMMEE FL 34746
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	<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 checked="" type="checkbox"/> Addition P S D MEYERS, HILLEL 4875 PINE TREE DRIVE MIAMI BEACH FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP LEVENTHAL, RON 8762 LAKE TIBET CT ORLANDO FL 32836
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition T FAZIO, CHUCK 1920 WOOD CREST DR #13 WINTER PARK FL 32792

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: *[Signature]* **VP RON LEVENTHAL** DATE **4/10/01** DAYTIME PHONE # **407-997-5192**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E004 (10/00)