

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90313 028 \*\*\*150.00

**DOCUMENT # P94000077881**

1. Entity Name  
**LONGVIEW REALTY, INC.**

708323



DO NOT WRITE IN THIS SPACE

Principal Place of Business 6400 GULF OF MEXICO DR SUITE E LONGBOAT KEY FL 34228 US	Mailing Address 46 N. WASHINGTON BLVD 7 SARASOTA FL 34236 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 1800 SECOND STREET Suite, Apt. #, etc. 799
City & State	City & State SARASOTA, FL

Zip	Country	Zip	Country
34236		34236	SARASOTA

4. FEI Number	65-0535643	Applied For	
		Not Applicable	

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

**CHAPMAN, SUSAN ATTY**  
**46 N. WASHINGTON BLVD., #7**  
**SARASOTA FL 34236**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**1800 SECOND STREET, SUITE 799**

City **SARASOTA** FL Zip Code **34236**

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 Susan Chapman **SUSAN CHAPMAN** 1/15/2001  
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.

**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	<b>P</b> <b>ESTRIN, ALISON S.</b> <b>6555 BAYOU HAMMOCK RD</b> <b>LONGBOAT KEY FL 34228</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/S</b> <b>ESTRIN, RICHARD W</b> <b>6555 BAYOU HAMMOCK RD</b> <b>LONGBOAT KEY FL 34228</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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
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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: Alison S. Estrin  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/01  
Date Daytime Phone #

CR2E034 (10/00)