## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an

SIGNATURE;

## Mar 20, 2000 8:00 am Secretary of State DOCUMENT # **P94000084207** 1. Entity Name INVERNESS REALTY CORP. 03-20-2000 90145 031 \*\*\*150.00 Mailing Address Principal Place of Business 3109 STIRLING ROAD STE. 200 3109 STIRLING ROAD STE. 200 FORT LAUDERDALE FL 33312 FORT LAUDERDALE FL 33312-6558 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0587122 Not Applicable Zip : Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ACKERMAN, MELISSA Street Address (P.O. Box Number is Not Acceptable) 3109 STIRLING RD #200 FORT LAUDERDALE FL 33312 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition TITLE ☐ Change TITLE ☐ Delete SCHOTTENSTEIN, JEFFREY NAME NAME 1201 BRICKELL AVE SUITE 410 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Addition ☐ Change ☐ Delete DIDE TITLE ACKERMAN, MELISSA NAME NAME STREET ADDRESS 3109 STIRLING RD., #200 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FT LAUDERDALE FL ☐ Change Addition ☐ Delete TITLE TITLE BURDMAN, LEE NAME NAME STREET ADDRESS 15 COLONIAL DR., #12 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP YOUNGSTOWN OH ☐ Addition TITLE ☐ Change TITLE ☐ Delete LEVY, JONATHAN NAME NAME STREET ADDRESS STREET ADDRESS 15 COLONIAL DR. #12 CITY-ST-ZIP CITY-ST-ZIP YOUNGSTOWN OH ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 pusee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

VICE PRESIDENT

MEUSSA ACKERMAN

**FILED**