

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90022 047 \*\*\*150.00

**DOCUMENT # V26911**

1. Entity Name  
**EGRET LANDING REALTY, INC.**



Principal Place of Business  
**1059 LAKESHORE DR  
JUPITER FL 33458  
US**

Mailing Address  
**PO BOX 420  
JUPITER FL 33468-0420  
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**6731 DONALD ROSS RD**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**PALM BEACH GARDENS, FL**

City & State

4. FEI Number **65-0328597**

Applied For

Not Applicable

Zip **33418**

Country

~~33468-0420~~

~~USA~~

Zip

Country

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

**BERMAN, ROBERT A.  
6731 DONALD ROSS RD  
PALM BEACH GARDENS FL 33418**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP**  Delete  
NAME **BERMAN, ROBERT A.**  
STREET ADDRESS **376+ DONALD ROSS**  
CITY-ST-ZIP **WEST PALM BEACH FL 33418-7208**

TITLE  Change  Addition  
NAME  
STREET ADDRESS **6731 DONALD ROSS RD.**  
CITY-ST-ZIP

TITLE **D**  Delete  
NAME **BERMAN, JOANNE F.**  
STREET ADDRESS **6731 DONALD ROSS ROAD**  
CITY-ST-ZIP **WEST PALM BEACH FL 33418-7208**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**ROBERT A. BERMAN**

SIGNATURE: *Robert A. Berman* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/2003

Date

(561) 744-1111

Daytime Phone #

CR2E034 (10/02)