

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90108 001 \*\*\*900.00

**DOCUMENT # 536402**

1. Entity Name  
**ABBOTT REALTY SERVICES, INC.**

Principal Place of Business Mailing Address  
**EMERALD COAST PARKWAY** **35000 EMERALD COAST PARKWAY**  
**Box 30** **P.O. BOX 30**  
**FL 32540-0030** **DESTIN FL 32540-0030**  
**US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1775514** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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 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. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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	CEO	<input type="checkbox"/> Delete
NAME	LEVINE, DAVID L	
STREET ADDRESS	35000 EMERALD COAST PARKWAY	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	SVCF	<input type="checkbox"/> Delete
NAME	JARVIS, JEFFERY M	
STREET ADDRESS	35000 EMERALD COAST PARKWAY	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	SVS	<input checked="" type="checkbox"/> Delete
NAME	LINES, JOHN K	
STREET ADDRESS	35000 EMERALD COAST PARKWAY	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	VC	<input type="checkbox"/> Delete
NAME	ALDY, MARK C	
STREET ADDRESS	35000 EMERALD COAST PARKWAY	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	BUECHLER, KELLEY	
STREET ADDRESS	35000 EMERALD COAST PARKWAY	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	P	<input type="checkbox"/> Delete
NAME	Olin, James S	
STREET ADDRESS	35000 Emerald Coast Pkwy.	
CITY-ST-ZIP	Destin FL 32541	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO + DIR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	530 Oak Court Drive, Suite 360	
CITY-ST-ZIP	Memphis TN 38117	
TITLE	SR VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	530 Oak Court Drive, Suite 360	
CITY-ST-ZIP	Memphis TN 38117	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	530 Oak Court Drive, Suite 360	
CITY-ST-ZIP	Memphis TN 38117	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kelley B. Standard	
STREET ADDRESS	530 Oak Court Drive, Suite 360	
CITY-ST-ZIP	Memphis TN 38117	
TITLE	SR VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	530 Oak Court Drive, Suite 360	
CITY-ST-ZIP	Memphis TN 38117	

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.

**SEE ATTACHED**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)