

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 160445

1. Entity Name

REALTY INVESTMENT & RENTAL CORPORATION

Principal Place of Business

725 N. MAIN ST.

P.O. BOX 2453

GAINESVILLE FL 32602-2453

Mailing Address

725 N. MAIN ST.

P.O. BOX 2453

GAINESVILLE FL 32602-2453

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

KEETER, PATRICK E  
2426 N.W. 27TH PLACE  
GAINESVILLE FL 32605

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 PATRICK E. KEETER TD

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

[Signature]

(NOTE: Registered Agent Signature required when reinstating)

3-29-01

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, 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 PD  
NAME SPARKS, MINNIE L  
STREET ADDRESS 2431 NW 41ST ST, UNIT 3213  
CITY-ST-ZIP GAINESVILLE FL ☐ Delete

TITLE TD  
NAME KEETER, PATRICK E  
STREET ADDRESS 2436 NW 27TH PLACE  
CITY-ST-ZIP GAINESVILLE FL ☐ Delete

TITLE SD  
NAME KEETER, ROBERT A  
STREET ADDRESS 5024 NW 27TH COURT  
CITY-ST-ZIP GAINESVILLE FL ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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] PATRICK E. KEETER TD  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-01 (352) 371-2456  
Date Daytime Phone #

FILED  
Mar 30, 2001 8:00 am  
Secretary of State

03-30-2001 90310 039 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)