## 2001 UNIFORM BUSINESS REPORT (UBR)

## Mar 06, 2001 8:00 am Secretary of State **DOCUMENT # 224636** GEISINGER REALTY, INC. 03-06-2001 90360 013 \*\*\*150.00 Principal Place of Business Mailing Address 2363 S.E. OCEAN BLVD. 2363 S.E. OCEAN BLVD. STUART FL 34996 STUART FL 34996 2. Principal Place of Business 3. Mailing Address Suite, Act. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-6075109 Not Applicable Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GEISINGER, RICHARD C JR Street Address (P.O. Box Number is Not Acceptable) 2363 SE OCEAN BLVD STUART FL 34996 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 alignature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 11. 12 CR2E034 (10/00 TITLE ■ Addition TITLE Delete NAME GEISINGER, RICHARD C. NAME STREET ADDRESS STREET ADDRESS 2363 SE OCEAN BLVD. CITY-ST-ZIP CITY-ST-ZIP STUART FL TITLE VSD \_\_ Deleta, ☐ Addition NAME GEISINGER, RICHARD C.JR. NAME STREET ADDRESS STREET ADDRESS 2363 SE OCEAN BLVD. CITY-ST-ZIP CITY-ST-ZIP STUART FL TITLE ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP . IITLE " ☐ Change ☐ Addition TITLE ्रकरक क ५०० 🔟 Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITEE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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 cath; 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.

Richard C.

<u>Geisinger.</u>

FILED

561/692-8841