## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED DOCUMENT # 246019** Feb 04, 2000 8:00 am **Secretary of State** RANDOL REALTY, INC. 02-04-2000 90037 012 \*\*\*150.00 Mailing Address Principal Place of Business 3221 TAMIAMI TRAIL 3221 TAMIAMI TRAIL PORT CHARLOTTE FLA 33952-8002 PORT CHARLOTTE FL 33952 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-0876281 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RANDOL, MONROE G Street Address (P.O. Box Number is Not Acceptable) 3221 TAMIAMI TRAIL PORT CHARLOTTE FL Zip Code FL 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 DATE (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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME RANDOL, MONROE G STREET ADDRESS STREET ADDRESS 131 SE CREEK DR CITY-ST-ZIP CITY-ST-ZIP PORT CHARLOTTE FL ☐ Change ☐ Addition TITLE Delete TITI F NAME RANDOL.THEOLA K NAME STREET ADDRESS 131 SE CREEK DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT CHARLOTTE FL ☐ Change ☐ Addition ☐ Delete TITLE NAME --- -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowers

Mar ROE C. RANDOL 131-00 941-625-419