

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 340991

1. Entity Name

ASBURY REALTY COMPANY

Principal Place of Business

3300 PHILLIPS HIGHWAY
JACKSONVILLE FL 32207

Mailing Address

PO BOX 5369
JACKSONVILLE FL 32247-5369
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1107860

Applied For

Not Applicable

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

MCGEHEE, THOMAS R.
3300 PHILLIPS HWY
JACKSONVILLE FL 32202

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE	S	<input type="checkbox"/> Delete
NAME	MCGEHEE, T.R., JR.	
STREET ADDRESS	3300 PHILLIPS HWY	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCGEHEE, F.S.	
STREET ADDRESS	3300 PHILLIPS HWY	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	MCGEHEE, SUTTON	
STREET ADDRESS	3300 PHILLIPS HWY	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	MCGEHEE, D.S.	
STREET ADDRESS	3300 PHILLIPS HWY	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TAS	<input type="checkbox"/> Delete
NAME	ROGERS, JONATHAN Y	
STREET ADDRESS	3300 PHILLIPS HWY	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	BRENT, JOHN	
STREET ADDRESS	3300 PHILLIPS HWY	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Sutton McGehee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sutton
McGehee
Vice President

4/18/00

904-348-3300

Date

Daytime Phone #

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90197 033 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)