

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 375790**

1. Entity Name

**KING SYMONDS REALTY, INC.**

**FILED**  
**Feb 05, 2000 8:00 am**  
**Secretary of State**

02-05-2000 90012 012 \*\*\*158.75

Principal Place of Business

Mailing Address

3916 CLEVELAND AVENUE  
FT MYERS FL 33701-8695  
US

3916 CLEVELAND AVENUE  
FT MYERS FLA 33901-8603  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1445957**

Applied For  
Not Applicable

Zip  
**33901-8695**

Country  
**Lee**

Zip  
**33901-8695**

Country  
**Lee**

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

**SYMONDS JR,C M**  
**1249 WALES DRIVE**  
**FORT MYERS FL 33901**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD**  
**SYMONDS JR,C M**  
**1249 WALES DRIVE**  
**FORT MYERS FL**

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V**  
**SMITH, JAMES R.**  
**3916 CLEVELAND AVE**  
**N. FORT MYERS FL**

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S**  
**SYMONDS, LAVERNE V.**  
**1249 WALES DRIVE**  
**FORT MYERS FL**

☐ Delete

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

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*January 28, 2000* 941-936-4186  
Date Daytime Phone #