

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 396806**

1. Entity Name

PRISCILLA MURPHY REALTY, INC.**FILED**
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90312 009 ***150.00

725342

DO NOT WRITE IN THIS SPACE

Principal Place of Business 13831 VECTOR AVENUE. #105 SUITE 105 FT. MYERS FL 33907 US	Mailing Address 13831 VECTOR AVENUE #105 SUITE 105 FT. MYERS FL 33907 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 59-1382256	Applied For
	Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent7. Name and Address of New Registered Agent**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, ALLEN C.		NAME		
STREET ADDRESS	15160 FIDDLESTICKS BLVD.		STREET ADDRESS	13831 VECTOR AVENUE SUITE 105	
CITY-ST-ZIP	FT. MYERS FL		CITY-ST-ZIP	FT. MYERS, FL 33907	
TITLE	SVP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OLIN, JAMES		NAME		
STREET ADDRESS	530 OAK COURT DR STE 360		STREET ADDRESS		
CITY-ST-ZIP	MEMPHIS TN		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PETERSON, BRUCE C		NAME	REBECCA REID	
STREET ADDRESS	6414 ADELPHI CIR		STREET ADDRESS	13831 VECTOR AVENUE, SUITE 105	
CITY-ST-ZIP	FT MYERS FL		CITY-ST-ZIP	FT. MYERS, FL 33907	
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUECHLER, KELLEY M		NAME	STANDARD, KELLEY B.	
STREET ADDRESS	530 OAK COURT DR., STE. 360		STREET ADDRESS		
CITY-ST-ZIP	MEMPHIS TN		CITY-ST-ZIP		
TITLE	VS	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JARVIS, JEFFERY		NAME	CONTROLLER	
STREET ADDRESS	530 OAK COURT DR., STE. 360		STREET ADDRESS	J. SCOTT MURPHY	
CITY-ST-ZIP	MEMPHIS TN		STREET ADDRESS	530 OAK COURT DRIVE, SUITE 360	
TITLE		<input type="checkbox"/> Delete	TITLE	MEMPHIS, TN 38117	
NAME			NAME	CEO, DIRECTOR	
STREET ADDRESS			STREET ADDRESS	DAVID LEVINE	
CITY-ST-ZIP			CITY-ST-ZIP	530OAK COURT DRIVE, SUITE 360	
				MEMPHIS, TN 38117	

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

ALLEN C. WILLIAMS

03/01/2001

941-482-5112

Date

Daytime Phone #

CR2E034 (10/00)