

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 408467

1. Entity Name

RON LEWIS REALTY, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90077 025 ***150.00

Principal Place of Business

Mailing Address

3402 PINEHAVEN CIR
 BOCA RATON FL 33431
 US

3402 PINEHAVEN CIR
 BOCA RATON FL 33431-5404
 US

2. Principal Place of Business

9077 E. BOCA GARDENS CIR. S.
 Suite, Apt. #, etc.

3. Mailing Address

9077 E. BOCA GARDENS CIR. S.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 BOCA RATON, FL.

City & State
 BOCA RATON, FL.

4. FEI Number 59-1363070

Applied For
 Not Applicable

Zip Country
 33496

Zip Country
 33496

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

LEWIS, RONALD C.

3402 PINEHAVEN CIR 9077 E. BOCA GARDENS CIR. S.
 BOCA RATON FL 33431 33496

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	PD	<input type="checkbox"/> Delete
NAME	LEWIS, RONALD C	
STREET ADDRESS	3402 PINE HAVEN CIRCLE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LEWIS, EUNICE	
STREET ADDRESS	3402 PINE HAVEN CIRCLE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS	9077 E. BOCA GARDENS CIRCLE S.	
CITY-ST-ZIP	BOCA RATON, FL. 33496	
TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS	9077 E. BOCA GARDENS CIRCLE S.	
CITY-ST-ZIP	BOCA RATON, FL. 33496	
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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/00

Date

Daytime Phone #

CR2E034 (9/99)