

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90464 037 \*\*\*150.00

**DOCUMENT # 417159**  
 1. Entity Name  
**MODE REALTY, INC.**

|   |   |
|---|---|
| Principal Place of Business<br>8588 POTTER PARK DRIVE<br>SUITE 500<br>SARASOTA FL 34238 | Mailing Address<br>3902 NORTHDAL BLVD., SUITE 140E<br>TAMPA FL 33624-1826 |
|---|---|



DO NOT WRITE IN THIS SPACE

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>8588 Potter Park Drive<br>Suite 500 |
| City & State  | City & State<br>Sarasota, Florida                         |
| Zip   | Country   |
| 34238   | USA   |

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>59-1512201                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**BRYN, MARK J**  
**ONE BISCAYNE TOWER STE 3599**  
**2 SOUTH BISCAYNE BOULEVARD**  
**MIAMI FL 33131**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>CULVERHOUSE JR, HUGH F<br>ONE BISCAYNE TOWER, #3599<br>MIAMI FL <input type="checkbox"/> Delete               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VS<br>LYNCH, SCOTT<br>3903 NORTHDAL BLVD STE 140E<br>TAMPA FL 33624 <input checked="" type="checkbox"/> Delete      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VT<br>CASSIDY, EUGENE F<br>3903 NORTHDAL BLVD STE 140E<br>TAMPA FL 33624 <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VAS<br>PAULMANN, JAMES<br>7184 BENEVA ROAD<br>SARASOTA FL 34238 <input type="checkbox"/> Delete                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CAPPELLO, ANDREW N<br>1408 N WESTSHORE BLVD, #908<br>TAMPA FL <input checked="" type="checkbox"/> Delete       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Vice President, Operations <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>Joselle Culp<br>8588 Potter Park Drive, Suite 500<br>Sarasota, Florida 34238 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>Jose Fernandez<br>8588 Potter Park Drive, Suite 500<br>Sarasota, Florida 34238                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>Director, VP, Secretary<br>Mark J. Bryn<br>2 S. Biscayne Blvd., Suite 3599<br>Miami, Florida 33131      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>8588 Potter Park Drive, Suite 500<br>Sarasota, Florida 34238  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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:** Mark J. Bryn **4/27/00** **(305) 374-0501**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)