

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90077 030 \*\*\*150.00

**DOCUMENT # 434365**

1. Entity Name

**FLORIDA SHORES REALTY, INC.**

Principal Place of Business

Mailing Address

3350 E. ATLANTIC BLVD.  
 POMPANO BEACH FL 33062  
 US

2649 N.E. 27TH CT.  
 LIGHTHOUSE POINT FL 33064-8241  
 US

2. Principal Place of Business

**3159 E. ATLANTIC BLVD.**

3. Mailing Address

**1975 Hollows Trail**

Suite, Apt. #, etc.

**POMPANO BEACH, FL**

Suite, Apt. #, etc.

**DEERFIELD BEACH, FL**

City & State

City & State

4. FEI Number

**59-1483098**

Applied For

Not Applicable

Zip

**33062**

Country

Zip

**33442**

Country

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

**COURANT, ROBERT V.**

**2649 NE 27 CT**

**LIGHTHOUSE POINT FL 33064**

Name

Street Address (P.O. Box Number is Not Acceptable)

**1975 Hollows Trail**

City

**DEERFIELD BEACH**

FL

Zip Code

**33442**

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 **PST** ☐ Delete  
 NAME **COURANT, ROBERT V.**  
 STREET ADDRESS **2649 NE 27 CT**  
 CITY-ST-ZIP **LIGHTHOUSE PT FL**

TITLE ☒ Change ☐ Addition  
 NAME **1975 HOLLOW TRAIL**  
 STREET ADDRESS **DEERFIELD BEACH, FL**  
 CITY-ST-ZIP **33442**

TITLE **V** ☐ Delete  
 NAME **COURANT, GARY S.**  
 STREET ADDRESS **10751 NW 19TH PL.**  
 CITY-ST-ZIP **CORAL SPRINGS FL**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

**428-00 954-571-6611**

CR: 034-1999