2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
04-27-2001 90343 045 ***150.00

DOCUMENT # 516120

1. Entity Name
COMMUNITY REALTY GROUP, INC.

Principal Place of Business	Mailing Address
~~1300 METROPOLITAN BLVD.~~ P.O. BOX 14019 TALLAHASSEE FL 32317-1019	~~1300 METROPOLITAN BLVD.~~ P.O. BOX 14019 TALLAHASSEE FL 32317-1019

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1815 Miccosukee Commons Dr.,	P.O. Box 14019
Suite, Apt. #, etc. Suite 104	Suite, Apt. #, etc.
City & State Tallahassee, Florida	City & State Tallahassee, Florida
Zip / Country 32308 / Leon	Zip / Country 32317-4019 / Leon

4. FEI Number 59-1715985 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NOBLIN, MILLARD J
~~1300 METROPOLITAN BLVD~~
TALLAHASSEE FL 32308

7. Name and Address of ~~New~~ Registered Agent

Name: Noblin, Millard J.
Street Address (P.O. Box Number is Not Acceptable): 1815 Miccosukee Commons Dr., Suite 104
City: Tallahassee
Zip Code: 32308

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] 4/23/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D NOBLIN, MILLARD J 2508 HARRIMAN CIRCLE TALLAHASSEE FL 32312	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS HENDERSON, BETTY 1300 METROPOLITAN BLVD TALLAHASSEE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MCKENZIE, ARDEN A 2281 TRESCOTT DR TALLAHASSEE FL 32312	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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] 4/23/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date