

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90164 044 \*\*\*158.75

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**DOCUMENT # 533053**

1. Entity Name  
**CONDOR PROPERTY MANAGEMENT, INC.**



Principal Place of Business  
**5000 N.W. 27TH COURT, STE E  
GAINESVILLE FL 32606**

Mailing Address  
**5000 N.W. 27TH COURT, STE E  
GAINESVILLE FL 32606**



2. Principal Place of Business  
**2638-5 SR 21**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 186**  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**Melrose FL**  
Zip Country  
**32666 USA**

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**Melrose FL**  
Zip Country  
**32666 USA**

4. FEI Number **59-1740839** Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SABIS, WILLIAM R  
5000 N.W. 27TH COURT, STE E  
GAINESVILLE FL 32606**

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

Name  
**William Sabis**  
Street Address (P.O. Box Number is Not Acceptable)  
**2638-5 SR 21**  
**Melrose, FL 32666**  
City Zip Code  
**FL 32666**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Debra Banes** DATE **4/3/03**  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SABIS, WILLIAM R. 5000 NW 27TH CT. STE E GAINESVILLE FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPT BANES, DEBRA 5000 NW 27TH COURT STREET-EAST GAINESVILLE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP-Sec Diana Howard 2638-5 SR 21 Melrose, FL 32666</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President-Treasurer 2638-5 SR 21 Melrose, FL 32666</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP-Sec 2638-5 SR 21 Melrose, FL 32666</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/3/03**

Daytime Phone #

CR2E034 (10/02)