

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 556526

1. Entity Name

FIVE-STAR REALTY, INC.

Principal Place of Business

Mailing Address

6205 S. DALE MABRY
TAMPA FL 33611

6205 S. DALE MABRY
TAMPA FL 33611-4807

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1784410

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROWE, RAYMOND S JR
4421 FAIRVIEW HGTS
TAMPA FL 33616

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

Polly Rumbough
Signature, typed or printed name of registered agent and title if applicable

Polly Rumbough, SEC
(NOTE: Registered Agent signature required when reinstating)

4-11-00
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

TITLE DPT ☐ Delete

NAME ROWE, RAYMOND S JR
STREET ADDRESS 4421 FAIRVIEW HGTS
CITY-ST-ZIP TAMPA FL

TITLE DSVP ☐ Delete

NAME RUMBROUGH, POLLY
STREET ADDRESS 8020 INTERWAY BLV
CITY-ST-ZIP TAMPA FL

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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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)(f), 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:

Raymond S. Rowe Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-837-5511

FILED

Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90188 005 ***158.75

A0010696



DO NOT WRITE IN THIS SPACE