

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90102 024 ***158.75

DOCUMENT # 597124

1. Entity Name

PLAZA REALTY OF THE PALM BEACHES, INC.

Principal Place of Business

Mailing Address

1501 NORTHPOINT PKWY.

P.O. BOX 541119

100

LAKE WORTH FL 33454-1119

WEST PALM BEACH FL 33407

US

US

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

59-1985951

Applied For

Not Applicable

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

HODGES, LARRY W

2660 CARAMBOLA RD.

W PALM BEACH FL FL 33406

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

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, 2002 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	<input type="checkbox"/> Delete
	PD			
	HODGES, LARRY W			
	2660 CARAMBOLA RD.			
	W PALM BEACH FL			
TITLE	D			<input type="checkbox"/> Delete
NAME	HERSEY, HARRY W. III			
STREET ADDRESS	1501 NORTHPOINT PKWY., STE. 100			
CITY-ST-ZIP	W. PALM BEACH FL			
TITLE	D			<input type="checkbox"/> Delete
NAME	STOCKDILL, BETSY L.			
STREET ADDRESS	1501 NORTHPOINT PKWY., STE. 100			
CITY-ST-ZIP	W. PALM BEACH FL			
TITLE				<input type="checkbox"/> Delete
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				<input type="checkbox"/> Delete
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				<input type="checkbox"/> Delete
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:

Harry W Hersey III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/10/02 (561) 640-5700

Date

Daytime Phone #

CR2E034 (9/01)