

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 609840

1. Entity Name

SUTTON REALTY, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90087 015 ***150.00

Principal Place of Business

217 N WESTMONTE DRIVE, STE 3025
ALTAMONTE SPRINGS FL 32714

Mailing Address

217 N WESTMONTE DRIVE, STE 3025
ALTAMONTE SPRINGS FL 32714-3338

2. Principal Place of Business

185 WAYMONT CT

Suite, Apt. #, etc.

#101

City & State

LAKE MARY, FL

Zip

32746

Country

U.S.

3. Mailing Address

185 WAYMONT CT

Suite, Apt. #, etc.

#101

City & State

LAKE MARY, FL

Zip

32746

Country

U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1888949

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEVIE, JAMES C.
217 N WESTMONTE DRIVE, STE 3025
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

Name
LEVIE, JAMES C.

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

185 WAYMONT CT

#101

City

LAKE MARY

FL

Zip Code

32746

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

JAMES C. LEVIE PTD

4/18/00

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. ☐

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	PTD	<input type="checkbox"/> Delete
NAME	LEVIE, JAMES	
STREET ADDRESS	217 N. WESTMORE DR #3025	
CITY-ST-ZIP	ALTAMONTE SPRINGS 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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	185 WAYMONT CT #101	
CITY-ST-ZIP	LAKE MARY, FL. 32746-6093	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

PTD
JAMES C. LEVIE

Date

4/18/00

Daytime Phone #

#15
407-323-7333

CR2E034 (9/99)