

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 634404

1. Entity Name

ARMBRUSTER REALTY, INC.

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90031 012 ***150.00

Principal Place of Business

Mailing Address

1031 W NELSON AVE
STE 3
DEFUNIAK SPRINGS FL 32433-0635
US

PO BOX 635
STE 3
DEFUNIAK SPRINGS FL 32435-0635
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1929811

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ARMBRUSTER, COLLEEN M
1031 W NELSON AVE STE 3
DEFUNIAK SPRINGS FL 32433

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	BS	<input checked="" type="checkbox"/> Delete
NAME	ARMBRUSTER, EDWARD D	
STREET ADDRESS	1031 W NELSON AVE., APTC	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	ARMBRUSTER, ROSEMARY	
STREET ADDRESS	1031 W NELSON AVE APT C	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	
TITLE	P	<input type="checkbox"/> Delete
NAME	ARMBRUSTER, COLLEEN M.	
STREET ADDRESS	35 ARD ST	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ARMBRUSTER, MICHAEL A.	
STREET ADDRESS	P.O. BOX 635 N/A	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARMBRUSTER, COLLEEN M.	
STREET ADDRESS	35 ARD ST	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT, SEC. DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLEEN M. ARMBRUSTER	
STREET ADDRESS	35 ARD ST	
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433	
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:

COLLEEN M. ARMBRUSTER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850-892-2115

CR2E034 (9/99)