

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 688348

1. Entity Name

REALTY FAIR CORPORATION

Principal Place of Business

Mailing Address

9506 HOOD RD
STE 3
JACKSONVILLE FL 32257

9506 HOOD RD
STE 3
JACKSONVILLE FL 32257

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

O'RILEY, JAMES TIMOTHY
9506 HOOD RD
STE 3
JACKSONVILLE FL 32257

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, 2001 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	PDV	<input type="checkbox"/> Delete
NAME	O'RILEY, JAMES TIMOTHY	
STREET ADDRESS	9506 HOOD RD STE 3	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	ST	<input type="checkbox"/> Delete
NAME	O'RILEY, LINDA G.	
STREET ADDRESS	9506 HOOD RD STE 3	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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
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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:

Linda G. O'Riley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-01 (904) 268-1313

Date

Daytime Phone #

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90036 034 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)