2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 695364 May 22, 2000 8:00 am Secretary of State 1. Entity Name HOST REALTY, INC. OF MELBOURNE BEACH 05-22-2000 90084 001 ***150.00 Principal Place of Business Mailing Address 5920 S ATA HWY 5920 S A1A HWY MELBOURNE BEACH FL 32951-3703 MELBOURNE BEACH FL 32951-0705 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-2107469 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PETTY, ALICE E Street Address (P.O. Box Number is Not Acceptable) 5920 S A1A HWY **MELBOURNE BEACH FL 32951** 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. JAMES A PETTY DY Change VICE President - Secretary POSV PRES. -TRES TITLE ☐ Delete TITLE PETTY, ALICE E. NAME NAME 5920 S AIAHGHWAY 5920 S A1A HWY STREET ADDRESS STREET ADDRESS MELBOURNE BEACH, 71 MELBOURNE BCH FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ALICE E PETT NAME NAME 5920 5 AIA Hwy STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ____ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P 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.