

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F28178

1. Entity Name

DURRANCE REALTY, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90054 040 ***150.00

Principal Place of Business

DURRANCE REALTY
7150-20 ST STE K
VERO BCH. FL 32966

Mailing Address

DURRANCE REALTY
7150-20 ST STE K
VERO BCH. FL 32966

2. Principal Place of Business

Durrance Realty Inc.

3. Mailing Address

Durrance Realty Inc.

Suite, Apt. #, etc.

240 S.W. 8th St. #E

Suite, Apt. #, etc.

P.O. Box 4679

City & State

Ocala, FL

City & State

Ocala, FL

Zip

34474

Country

Marion

Zip

34478

Country

Marion



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2070648

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

DURRANCE, SHIRLEY G
7150 20TH ST. SUITE K
VERO BCH. FL 32966

Name

Durrance, Shirley G

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

240 S.W. 8th St Suite E

City

Ocala

FL

Zip Code

34474

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

Shirley G. Durrance (Shirley G. Durrance)

4-12-00

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.
(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	PS	<input checked="" type="checkbox"/> Delete
NAME	DURRANCE, SHIRLEY G	
STREET ADDRESS	7150 20 STREET, STE K	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HUNT, ROBERT T	
STREET ADDRESS	240 SW 8TH ST SUITE E	
CITY-ST-ZIP	OCALA 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		

TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Durrance, Shirley G	
STREET ADDRESS	240 S.W. 8th St. Suite E	
CITY-ST-ZIP	Ocala, FL 34474	
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: *Shirley G. Durrance*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (9/99)