

2000 UNIFORM BUSINESS REPORT (UBR)

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

04-21-2000 90054 040 ***150.00

DOCUMENT # F28178

1. Entity Name
DURRANCE REALTY, INC.

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>Durrance Realty Inc.</i> Suite, Apt. #, etc. <i>240 S.W. 8th St. #F</i> City & State <i>Ocala, FL</i> Zip <i>34474</i>	Country <i>Marion</i>	3. Mailing Address <i>Durrance Realty Inc.</i> Suite, Apt. #, etc. <i>P.O. Box 4679</i> City & State <i>Ocala, FL</i> Zip <i>34478</i>	Country <i>Marion</i>
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4. FEI Number 59-2070648	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**DURRANCE, SHIRLEY G
 7150 20TH ST. SUITE K
 VERO BCH. FL 32966**

7. Name and Address of New Registered Agent
 Name
Durrance Shirley G
 Street Address (P.O. Box Number is Not Acceptable)
240 S.W. 8th St Suite E
Ocala
 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	
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <i>Durrance Shirley G</i>	
STREET ADDRESS <i>240 S.W. 8th St. Suite E</i>	
CITY-ST-ZIP <i>Ocala, FL 34474</i>	
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* *Shirley G. Durrance* *4-12-00* *(352-622-8012)*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)