

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F78005

1. Entity Name
FIRST CITY REALTY, INC.

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90075 025 ***150.00

Principal Place of Business
3770 US #1 SOUTH
ST. AUGUSTINE FL 32086
US

Mailing Address
3770 US #1 SOUTH
ST. AUGUSTINE FL 32086
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
151 Creekside Dr.
Suite, Apt. #, etc.

City & State
ST. AUG FL.

Zip
32086

Country

ST. JOHN US

Country

4. FEI Number 59-2200821

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

COLLARD, DEBRA
151 CREEKSIDE DRIVE
X
ST AUGUSTINE FL 32086

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
COLLARD, DEBRA
151 CREEKSIDE DRIVE
ST AUGUSTINE, FL 00000

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
HEUMPHREUS, MICHAEL
151 CREEKSIDE DR
SAINT AUGUSTINE FL 32086

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-2001

Date

Daytime Phone #

904
797-3537

CR2E034 (10/00)