

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F80062

1. Entity Name

PRIME PROPERTY REAL ESTATE CORPORATION

FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90006 019 ***550.00

Principal Place of Business

1041 U.S. 27 SOUTH
 LAKE PLACID FL 33852

Mailing Address

1041 U.S. 27 SOUTH
 LAKE PLACID FL 33852

2. Principal Place of Business

12 South Main Street
 Suite, Apt. #, etc.

3. Mailing Address

12 South Main Street
 Suite, Apt. #, etc.

City & State

Lake Placid, FL

City & State

Lake Placid, FL

Zip

33852

Country

USA

Zip

33852

Country

USA

4. FEI Number

59-2194659

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

COSGRAVE, JAMES J JR
 309 BEACHVIEW DRIVE
 LAKE PLACID FL 33852

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	PVST	<input type="checkbox"/> Delete
NAME	COSGRAVE, JAMES J JR	
STREET ADDRESS	309 BEACHVIEW DR.	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	CMD	<input type="checkbox"/> Delete
NAME	COSGRAVE, JAMES J JR	
STREET ADDRESS	309 BEACHVIEW DR.	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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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		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-11-2000

Date

863-465-2210

Daytime Phone #

CR2E034 (5/00)