## **2000 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## DOCUMENT # F95000001961 Apr 13, 2000 8:00 am Secretary of State 1. Entity Name GREDER REALTY, INC. 04-13-2000 90039 018 \*\*\*150.00 Principal Place of Business Mailing Address 701 SW 60TH AVE. 701 SW 60TH AVE. PLANTATION FL 33317-3931 PLANTATION FL 33317 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 35-1157418 Not Applicable Country \$8.75 Additional Zip Country Zip 5 Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SWEITZER, PEGGY SWEITZER, JOHN Street Address (P.O. Box Number is Not Acceptable) 701 SW 60TH AVE 701 SW 60TH AVE. PLANTATION FL 33317 City PLANTATION 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. П 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 OFFICERS AND DIRECTORS 12. 11. (X) Change ☐ Addition TITLE PDC Delete TITLE **PDC** NAME NAME SWEITZER, JOHN SWEITZER, PEGGY STREET ADDRESS STREET ADDRESS 701 SW 60TH AVE. 701 SW 6ÓTH AVE CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33317 PLANTATION\_FL ☐ Addition SDC ☐ Delete TITLE ☐ Change NAME NAME SWEITZER, PEGGY STREET ADDRESS STREET ADDRESS 701 SW 60TH AVE. CITY-ST-ZIP CITY-ST-7IP PLANTATION FL 33317 ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7tP TITLE Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Change Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE MAME STREET ADDRESS 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 attackment with an address, with all other like empowered.

4-8-2000