## **2001 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # F95000001961 1. Entity Name

GREDER REALTY, INC.

Principal Place of Business

Mailing Address

701 SW 60TH AVE. PLANTATION FL 33317 701 SW 60TH AVE. **PLANTATION FL 33317** 

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 35-1157418 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SWEITZER, PEGGY Street Address (P.O. Box Number is Not Acceptable) 701 SW 60TH AVE PLANTATION FL 33317 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12, 11. **PDC** Change TITLE ☐ Addition TITLE Delete PDC SWEITZER, JOHN NAME NAME PEGGY SWEITZER 701 SW 60TH AVE. STREET ADDRESS STREET ADDRESS 7.01 SW 60TH AVENUE CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33317 PLANTATION-FL 33317 SDC ☐ Addition ☐ Delete TITLE Change TITLE SWEITZER, PEGGY NAME NAME STREET ADDRESS STREET ADDRESS 701 SW 60TH AVE. CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33317 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

☐ Delete

SIGNATURE: '

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

4-13-2001 954-583-1692

FILED

Apr 17, 2001 8:00 am Secretary of State

04-17-2001 90101 010 \*\*\*150.00

531441

☐ Change

Change

☐ Addition

☐ Addition