

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F97000003279**

1. Entity Name

ASSOCIATED REALTY ADVISORS, INC.

Principal Place of Business

**3000 E BIRCH STREET. STE 111
BREA CA 92821**

Mailing Address

**3000 E BIRCH STREET. STE 111
BREA CA 92821**

2. Principal Place of Business

4892 KEENE LAND CR.

3. Mailing Address

4892 KEENE LAND CR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

ORLANDO FL

Zip

32819

Country

USA.

Zip

32819

Country

USA4. FEI Number **33-0167986**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**RADUNE, MARTHA
1601 S ATLANTIC AVE
NEW SMYRNA BEACH FL 32169**

7. Name and Address of New Registered Agent

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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	WILLIAMS, THOMAS P	
STREET ADDRESS	20650 MANZANITA AVE	
CITY-ST-ZIP	YORBA LINDA CA	
TITLE	V	<input type="checkbox"/> Delete
NAME	RADUNE, MARTHA	
STREET ADDRESS	919 MAGNOLIA ST	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	WILLIAMS, KAREN A	
STREET ADDRESS	20650 MANZANITA AVE	
CITY-ST-ZIP	YORBA LINDA CA	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	4892 KEENE LAND CR.
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	4892 KEENE LAND CR
CITY-ST-ZIP	ORLANDO, FL 32819
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90372 014 ***550.00

769030

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)