

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 22, 2000 08:00 AM
Secretary of State

DOCUMENT # F97000004394

1. Entity Name

LARGO REAL ESTATE ADVISORS INC.

Principal Place of Business

550 NORTH RED STREET
SUITE 300
TAMPA
33609

FL

Mailing Address

P.O. BOX 23986

TAMPA
33623

US

FL

2. Principal Place of Business

550 NORTH RED STREET

3. Mailing Address

Suite, Apt. #, etc.
SUITE 300

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
TAMPA

FL

City & State

4. FEI Number

51-0320699

Applied For

Not Applicable

Zip
33609

Country

Zip

Country

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

FUSIA, G. EDWARD
550 NORTH RED STREET
SUITE 300
TAMPA
33609

FL

US

Name

FUSIA, G. EDWARD

Street Address (P.O. Box Number is Not Acceptable)

550 NORTH RED STREET

SUITE 300

City
TAMPA

FL

Zip Code
33609

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)

04/22/2000

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, 2000 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 S ☐ Delete
NAME COSCIA JOANNE
STREET ADDRESS 69 DELAWARE AVENUE, STE 707
CITY-ST-ZIP BUFFALO NY 14202

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

TITLE PCD ☐ Delete
NAME COSCIA GARY J
STREET ADDRESS 69 DELAWARE AVENUE, STE 707
CITY-ST-ZIP BUFFALO NY 14202

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Gary J. Coscia

PCD 04/22/2000