

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
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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 <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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Zip 33609	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 FL 33609 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 _____ DATE **04/22/2000**

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) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COSCIA JOANNE			NAME			
STREET ADDRESS	69 DELAWARE AVENUE, STE 707			STREET ADDRESS			
CITY-ST-ZIP	BUFFALO NY 14202			CITY-ST-ZIP			
TITLE	PCD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COSCIA GARY J			NAME			
STREET ADDRESS	69 DELAWARE AVENUE, STE 707			STREET ADDRESS			
CITY-ST-ZIP	BUFFALO NY 14202			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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