

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**  
 04-10-2001 90121 027 \*\*\*150.00

0290044

**DOCUMENT # F98437**

**1. Entity Name**  
**PGA REALTY & FINANCIAL CORPORATION**

**Principal Place of Business**  
 3910 RCA BLVD.  
 1011  
 WEST PALM BEACH FL 33410  
 US

**Mailing Address**  
 3910 RCA BLVD.  
 1011  
 WEST PALM BEACH FL 33410  
 US

**2. Principal Place of Business**  
 4600 E. Park Dr 201

**3. Mailing Address**  
 4600 E. Park Dr.

Suite, Apt. #, etc.  
 Palm Beach Gardens

Suite, Apt. #, etc.  
 201

City & State

City & State  
 Palm Beach Gardens

Zip  
 33410

Country  
 Palm Beach

Zip  
 33410

Country  
 Palm Beach



DO NOT WRITE IN THIS SPACE

**4. FEI Number** 59-2217001

Applied For  
 Not Applicable

**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**

**NORRIS, ROBERT D**  
 11566 BUCK HAVEN LANE  
 W PALM BCH FL 33412

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** *Robert Norris*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *4/5/01*

**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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** VD ☐ Delete  
**NAME** NORRIS, ROBERT D  
**STREET ADDRESS** 11566 BUCK HAVEN LANE  
**CITY-ST-ZIP** W PALM BCH FL 33412

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

**TITLE** PD ☐ Delete  
**NAME** NORRIS, LINDA K  
**STREET ADDRESS** 11566 BUCK HAVEN LANE  
**CITY-ST-ZIP** W PALM BCH FL 33412

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**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:** *Robert Norris*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)