

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G60975

1. Entity Name

EQUITY REALTY OF SOUTH FLORIDA, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90070 001 ***350.00

Principal Place of Business

Mailing Address

5967 SE FEDERAL HWY.
STUART FL 34997

5967 SE FEDERAL HWY.
STUART FL 34997-7871

2. Principal Place of Business

3. Mailing Address

2168 SE HARRISON ST

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

STUART FL

STUART FL

Zip

Country

Zip

Country

34997

USA

4. FEI Number

59-2480376

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

FRANKLIN, GREGORY

5967 SE FEDERAL HWY
STUART FL 34997

Name

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

2168 SE HARRISON STREET

City

STUART

FL

Zip Code

34997

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

Gregory Franklin
Signature, typed or printed name of registered agent and title if applicable.

GREGORY FRANKLIN

(NOTE: Registered Agent signature required when reinstating)

4/13/00

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	D	<input checked="" type="checkbox"/> Delete
NAME	FRANKLIN, DAVID	
STREET ADDRESS	3743 SW BRASSIE WAY	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	PST	<input type="checkbox"/> Delete
NAME	FRANKLIN, GREGORY	
STREET ADDRESS	2168 SE HARRISON STREET	
CITY-ST-ZIP	STUART FL 34997	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Gregory Franklin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/00

Date

(828) 245-8981

Daytime Phone #

CR2E034 (9/99)