2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State
03-19-2001 90015 026 ***150.00

817375

DO NOT WRITE IN THIS SPACE

DOCUMENT # G76047

1. Entity Name
HERNANDO BEACH REALTY, INC.

Principal Place of Business	Mailing Address
~~4317 CALIENTA ST~~	~~4317 CALIENTA ST~~
SPRING, HILL, FL 34607	SPRING, HILL, FL 34607
US	US

2. Principal Place of Business	3. Mailing Address
3375 SHOAL LINE BLVD	3375 SHOAL LINE BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HERNANDO BEACH, FL	City & State: HERNANDO BEACH, FL
Zip: 34607-3438 Country:	Zip: 34607-3438 Country:

4. FEI Number 59-2380296 ☐ Applied For ☐ Not Applicable

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

6. **Name and Address of Current Registered Agent**

WANDA EVANS
~~4317 CALIENTA DRIVE~~
SPRING HILL FL 33526

7. **Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)
3375 SHOAL LINE BLVD

City: HERNANDO BEACH FL Zip Code: 34607

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PVTD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WANDA EVANS		NAME		
STREET ADDRESS	12233 VILLA RD		STREET ADDRESS		
CITY-ST-ZIP	SPRINGHILL FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE		☐ Change ☐ 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: ✓ Wanda Evans — 3.8.01 — (352)596.2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)