

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # G80464**

1. Entity Name

**REAVES REALTY CORPORATION****FILED**  
**Jan 29, 2000 8:00 am**  
**Secretary of State**

01-29-2000 90094 037 \*\*\*150.00

Principal Place of Business

Mailing Address

**350 CAMINO GARDENS BLVD  
SUITE 107  
BOCA RATON FL 33432  
US****807 S.E. 9TH AVENUE  
DEERFIELD BEACH FL 33441-5747**

2. Principal Place of Business

3. Mailing Address

**615 Juneberry Court**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**Boca Raton, FL 33486-5629**4. FEI Number **59-2370108**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33486-5629****USA**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

**WENZEL, KENNETH A., ESQ.  
980 N FEDERAL HWY  
STE 440  
BOCA RATON FL 33432**

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

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) ☐**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

TITLE	PD	<input type="checkbox"/> Delete
NAME	REAVES, LINDA S.	
STREET ADDRESS	807 SE 9 AVE	
CITY-ST-ZIP	DEERFIELD BCH. FL	

TITLE	VSD	<input type="checkbox"/> Delete
NAME	REAVES, HAROLD D.	
STREET ADDRESS	807 SE 9 AVE	
CITY-ST-ZIP	DEERFIELD BCH. FL	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS	615 Juneberry Court	
CITY-ST-ZIP	Boca Raton, FL 33486-5629	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS	615 Juneberry Court	
CITY-ST-ZIP	Boca Raton, FL 33486-5629	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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:***Linda S. Reaves*  
**Linda S. Reaves, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/12/2000

Date

(561) 368-9337

Daytime Phone #