

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G95704

1. Entity Name

MAGIC REALTY INC.

FILED

May 03, 2000 8:00 am  
Secretary of State

05-03-2000 90077 044 \*\*\*150.00

Principal Place of Business

Mailing Address

550 S.E. PORT ST. LUCIE BLVD.  
PORT ST LUCIE FL 34984  
US

550 S.E. PORT ST. LUCIE BLVD.  
PORT ST LUCIE FL 34984-5108  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1646 SW BILTMORE ST.  
City & State

1646 SW BILTMORE ST.  
City & State

Zip

Country

Zip

Country

34983

34983

4. FEI Number

59-2392210

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

TURSCAK, PAUL T  
550 SE PORT ST LUCIE BLVD  
PORT ST LUCIE FL 34784

Name

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

1646 SW BILTMORE ST.

City

FL

Zip Code

34983

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME TURSCAK, PAUL T.  
STREET ADDRESS 450 SE PORT ST LUCIE BLVD  
CITY-ST-ZIP PORT ST LUCIE FL ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1646 SW BILTMORE ST.  
CITY-ST-ZIP 34983

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-2000 561-879-0393

CR2E034 19/99