

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2001 8:00 am
Secretary of State

03-07-2001 90804 045 ***150.00

DOCUMENT # H09867

1. Entity Name

FLORIDA GROWTH REALTY INCORPORATED

Principal Place of Business

511 ROSEBY ROAD
 SUITE 4H
 LARGO FL 34640

Mailing Address

511 ROSEBY ROAD
 SUITE 4H
 LARGO FL 34640

631105

2. Principal Place of Business

1660 GULF BLVD

3. Mailing Address

1660 GULF BLVD

Suite, Apt. #, etc.

SUITE ONE

Suite, Apt. #, etc.

SUITE ONE

City & State

CLEARWATER, FL

City & State

CLEARWATER, FL

Zip

33767

Country

USA

Zip

33767

Country

USA

4. FEI Number 59-2543405

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

ROBERT LURIE
 1660 GULF BLVD.
 SUITE PH1
 CLEARWATER FL 34630 33767

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, 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PTS
 LURIE, ROBERT
 1660 GULF BLVD., PH1
 CLEARWATER FL, 33767 ☐ Delete

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

TITLE
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☐ Change ☐ Addition

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 #

CR2E034 (10/00)