

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H41754

1. Entity Name

SELECT REALTY OF CENTRAL FLORIDA, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90155 004 ***150.00

Principal Place of Business

Mailing Address

9385 NO 56 STR
#311 NATIONS BK BLDG
TEMPLE TERRACE FL 33617
US

14203 ASHBURN PL
TAMPA FL 33624-2624
US

LUUUU1JF



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1607 W. Cleveland

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite B

City & State

Tampa, Florida

City & State

4. FEI Number

59-2584424

Applied For

Not Applicable

Zip

33602

Country

USA

Zip

Country

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

COOPER, ROBERT K., JR.
14203 ASHBURN PLACE
TAMPA FL 33624

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPV	<input type="checkbox"/> Delete
NAME	COOPER, ROBERT K., JR.	
STREET ADDRESS	14203 ASHBURN PLACE	
CITY-ST-ZIP	TAMPA FL	
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

Robert K. Cooper Jr. Robert K. Cooper Jr.

1-10-2000

813-9602686

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #