

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 04, 2002 8:00 am**  
**Secretary of State**

0347671 AV

**DOCUMENT # H67872**

1. Entity Name  
**730 REALTY, INC.**

03-04-2002 90019 044 \*\*\*150.00

Principal Place of Business  
**% DAVID C. HARDIN**  
**500 E BROWARD BV S1950**  
**FORT LAUDERDALE FL 33394**

Mailing Address  
**% DAVID C. HARDIN**  
**500 E BROWARD BV S1950**  
**FORT LAUDERDALE FL 33394**

J U N I 0 2



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2571601**

Applied For  
 Not Applicable

Zip

Country

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

**HARDIN, DAVID C.**  
**500 E BROWARD BV ST 1950**  
**FORT LAUDERDALE FL 33394**

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, 2002 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 **DP**  
 STREET ADDRESS **STONE, EDWARD D., JR.**  
 CITY-ST-ZIP **500 E BROWARD BLVD, SUITE 1950**  
**FORT LAUDERDALE FL**

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

TITLE  
 NAME **D**  
 STREET ADDRESS **STONE, EDWARD D III**  
 CITY-ST-ZIP **815 MIDDLE RIVER DR #101**  
**FORT LAUDERDALE FL 33304**

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

TITLE  
 NAME **SV**  
 STREET ADDRESS **HARDIN, DAVID C.**  
 CITY-ST-ZIP **500 E BROWARD BLVD, SUITE 1950**  
**FT LAUDERDALE FL**

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

TITLE  
 NAME **D**  
 STREET ADDRESS **STONE, PATRICIA M**  
 CITY-ST-ZIP **567 LIBERTY ST**  
**SAN FRANCISCO CA 94114**

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-25-02 954.524.3330**

CR2E034 (9/01)