# 2001 UNIFORM BUSINESS REPORT (UBR)

05-23-2001 91165 001 ****61.25
H82252

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN 22 PM 3:35

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DOCUMENT # — AMENDED — H82252

1. Entity Name
Lucerne Realty
H82252

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| | |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 255 S. Orange Ave | |
| Suite, Apt. #, etc. #1255 | Suite, Apt. #, etc. |
| City & State Orlando, Fl | City & State |
| Zip 32801 Country U.S.A. | Zip Country |

4. FEI Number SB-1645054 ☐ 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 |
|---|---|
| MARY B. SHARP<br>255 S. Orange Ave<br>#1255<br>Orlando, Fl 32801 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 Mary B. Sharp Pres DATE 4/26/01
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 | V.P.<br>FINLEY M. HAMILTON<br>255 S. Orange Ave Suite 1255<br>Orlando, Fl 32801 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Senior V.P.<br>FINLEY M. HAMILTON<br>255 S. Orange Ave Suite 1255<br>Orlando, Fl 32801 ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Sec/Treas<br>Michelle Brown<br>255 S. Orange Ave Suite 1255<br>Orlando, Fl 32801 ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Sec/Treas<br>JOHN F. FORD<br>255 S. Orange Ave Suite 1255<br>Orlando, Fl 32801 ☒ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>Sharp Mary B<br>255 S. Orange Ave #1255<br>Orlando, Fl 32801 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | C.E.O.<br>Kelley Ivancovich<br>255 S. Orange Ave Suite 1255<br>Orlando, Fl 32801 ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Director<br>Michelle King<br>255 S. Orange Ave Suite 1255<br>Orlando, Fl 32801 ☐ 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 |

CR2E034 (11/00)

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:** Mary B. Sharp Pres. MARY B. SHARP 4/26/01 407-835-0016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

6/12