

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90299 034 ***158.75

DOCUMENT # H84792

1. Entity Name

INLET REALTY AND INVESTMENT CORPORATION

Principal Place of Business

C/O LONNIE GRIFFIN
2601 N. PENINSULA
NEW SMYRNA BEACH FL 32169-2068

Mailing Address

~~**C/O LONNIE GRIFFIN**~~
~~**2601 N. PENINSULA**~~
~~**NEW SMYRNA BEACH FL 32169-2068**~~

2. Principal Place of Business

3. Mailing Address

ESTATE OF LONNIE GRIFFIN

Suite, Apt. # etc.
P.O. BOX 2748

NEW SMYRNA BEACH, FLORIDA 32170-2748

City & State

City & State

Zip

Country

Zip

Country

City & State

City & State

Zip

Country

City & State

City & State

Zip

Country

City & State

City & State

Zip

Country

City & State

City & State

Zip

Country

City & State

City & State

Zip

Country

City & State

City & State

Zip

Country

City & State

City & State

Zip

Country

City & State

City & State

Zip

Country

City & State

City & State

Zip

Country

City & State

City & State

Zip

Country

City & State

City & State

Zip

Country

City & State

City & State

Zip

Country

City & State

City & State

Zip

Country

City & State

City & State

Zip

Country

City & State

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2656525**

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

DEVER, LARRY G
909 CLUBHOUSE DR
NEW SMYRNA BEACH FL 32168

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	D	<input type="checkbox"/> Delete
NAME	DEVER, LARRY G	
STREET ADDRESS	909 CLUBHOUSE DR	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LANDRY, CLAUDINE J.	
STREET ADDRESS	1525 PINE TREE DRIVE	
CITY-ST-ZIP	EDGEWATER FL 32132	
TITLE	D	<input type="checkbox"/> Delete
NAME	BALLARD, KELLY	
STREET ADDRESS	4166 NW 64TH AVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Larry G Dever **LARRY G DEVER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 20/01 904-428-2228

Date Daytime Phone #

CR2E034 (10/00)