

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90101 049 ***150.00

DOCUMENT # J26742

1. Entity Name

CLASSIC REALTY OF CAPE CORAL INC.

Principal Place of Business

Mailing Address

4426 SE 16 PLACE
SUITE #2
CAPE CORAL FL 33904
US4426 SE 16 PLACE
SUITE #2
CAPE CORAL FL 33904-9078
US

2. Principal Place of Business

3. Mailing Address

874-S.E. 47 ST**874-S.E. 47 ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2**# 2**

City & State

City & State

CAPE CORAL FL**CAPE CORAL FL**

Zip

Zip

33904**33904**

Country

Country

LEE**LEE**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PHILLIP, MICHELLE
4426 S.E. 16TH PLACE
SUITE 2
CAPE CORAL FL 33904

Name

LISA JANSON

Street Address (P.O. Box Number is Not Acceptable)

3743-S.E. 12 PL

City

CAPE CORAL**FL**

Zip Code

33904

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

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	PT	<input checked="" type="checkbox"/> Delete
NAME	PHILLIP, MICHELLE	
STREET ADDRESS	2609 SW 42 LN	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	FARRELL, KEVIN	
STREET ADDRESS	1009 SE 22 TERR.	
CITY-ST-ZIP	CAPE CORAL FL	
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	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LISA JANSON	
STREET ADDRESS	3743 S.E. 12 PL	
CITY-ST-ZIP	CAPE CORAL FL 33904	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-00 941-549-3444

Date

Daytime Phone #