

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J39985

1. Entity Name

ANCHOR REALTY INVESTMENTS, INC.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90037 047 ***150.00

Principal Place of Business

4400 PGA BLVD
 STE #401
 PALM BEACH GARDENS FL 33410
 US

Mailing Address

C/O R. T. SOPHER
 560 PHILLIPS DR.
 BOCA RATON FL 33432-2836
 US

2. Principal Place of Business

520 PUTTER POINT PLACE

3. Mailing Address

520 PUTTER POINT PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES, FL.

City & State

NAPLES FL.

Zip

34103

Country

USA

Zip

34103

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2750884

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

SOPHER, RICHARD T.
 560 PHILLIPS DR

BOCA RATON FL 33432

Name

SOPHER, RICHARD T.

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

520 PUTTER POINT PLACE

City

NAPLES

FL

Zip Code

34103

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PSD
 SOPHER, RICHARD T.
 560 PHILLIPS DR
 BOCA RATON FL 33432

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 520 PUTTER POINT PLACE
 NAPLES, FL. 34103

☒ 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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(RICHARD T. SOPHER) 4/28/00 941-262-7131

CR2E034 (9/99)