

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J44724

1. Entity Name

E.R.A. GREAT SOUTH REALTY, INC.

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90012 030 ***550.00

Principal Place of Business

917 US HWY 3315
DEFUNIAK SPRINGS FL 32433
US

Mailing Address

PO BOX 710
DEFUNIAK SPRINGS FL 32433
US

2. Principal Place of Business

917 US Hwy 331 South

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2740894

Applied For

Not Applicable

Zip

32435

Country

Zip

32435

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLER, GEORGE RALPH
105 E. NELSON AVE.
DEFUNIAK SPRINGS FL 32433

7. Name and Address of New Registered Agent

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE PVS
NAME HUGGINS, DIANE E.
STREET ADDRESS 917 US HWY 331 S
CITY-ST-ZIP DEFUNIAK SPRINGS FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 32435

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CITY-ST-ZIP

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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/8/00

Date

(850) 892-9424

Daytime Phone #

CR2E034 (5/00)