

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J49729

1. Entity Name
REAL ESTATE RESEARCH CONSULTANTS, INC.

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90338 001 *****8.75
05-05-2002 90338 002 ***150.00

Principal Place of Business

200 E. ROBINSON ST.
STE 400
ORLANDO FL 32801-4303
US

Mailing Address

200 E. ROBINSON ST.
STE 400
ORLANDO FL 32801-4303
US

2. Principal Place of Business

518 South Magnolia Ave
Suite, Apt. #, etc.

3. Mailing Address

518 South Magnolia Ave
Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

Zip
32801

Country
US

Zip
32801

Country
US

4. FEI Number 59-2762682

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

TATICH, PHILIP
341 N MAITLAND AVE
STE 340
MAITLAND FL 32751

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, 2002 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
DVP
BEITSCH, OWEN M.
200 E ROBINSON ST STE 400
ORLANDO FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
518 South Magnolia Ave
Orlando FL 32801 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PDT
OWEN, WILLIAM H.
200 E ROBINSON ST STE 400
ORLANDO FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
518 South Magnolia Ave
Orlando FL 32801 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
ROHR, JAY B.
200 E ROBINSON ST STE 400
ORLANDO FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
518 South Magnolia Ave
Orlando FL 32801 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
DARSEY, DAVID R
200 ROBINSON ST STE 400
ORLANDO FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
518 South Magnolia Ave
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

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:

William H. Owen

4/17/02 4078435635

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)