

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J89679

1. Entity Name

REALNOR PROPERTIES, INC.

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90065 040 ***150.00

Principal Place of Business

700 BRICKELL AVE
MIAMI FL 33131

Mailing Address

50 S LASALLE STREET
C/O PEGGY WALSH, M-9 Margaret
CHICAGO IL 60675-0001
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0006045

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STOTT, VALERIE A
700 BRICKELL AVE
MIAMI FL 33131

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, 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	PD MORRISON, WILLIAM L 700 BRICKELL AVENUE MIAMI FL 33131	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SIGSBEE, JAMES 700 BRICKELL AVE MIAMI FL 33131	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LYNCH, STEPHEN A III 700 BRICKELL AVE MIAMI FL 33131	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV NOBLE, CARLOS 700 BRICKELL AVE. MIAMI FL 33131	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASO STOTT, VALERIE A 700 BRICKELL AVE MIAMI FL 33131	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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:

James Sigbee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/00
Date

305-789-1507
Daytime Phone #

CR2E034 (9/99)