

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 12, 2001 8:00 am**  
**Secretary of State**

02-12-2001 90213 050 \*\*\*150.00

**DOCUMENT # K08382**

1. Entity Name

**ROGERS REALTY, INC.**

Principal Place of Business

% MELVIN R. ROGERS  
 4204 CARROLLWOOD VILLAGE DRIVE  
 TAMPA FL 33624-4610

Mailing Address

% MELVIN R. ROGERS  
 4204 CARROLLWOOD VILLAGE DRIVE  
 TAMPA FL 33624-4610

2. Principal Place of Business

**10233 SPYGLASS WAY**

3. Mailing Address

**10233 SPYGLASS WAY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**BOCA RATON, FL**

City & State

**BOCA RATON, FL**

Zip

Country

**33498 USA**

Zip

Country

**33498 USA**

4. FEI Number

**59-2865499**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ROGERS, MELVIN R.  
 4204 CARROLLWOOD VILLAGE DRIVE  
 TAMPA FL 33624-4610**

7. Name and Address of New Registered Agent

Name **MELVIN R. ROGERS**

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

**10233 SPYGLASS WAY**

City **BOCA RATON**

FL

Zip Code

**33498**

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

*Melvin R. Rogers* **MELVIN R. ROGERS**

**2-1-2001**

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, 2001 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

TITLE **P** ☐ Delete  
 NAME **MELVIN, ROGERS R**  
 STREET ADDRESS **4204 CARROLLWOOD VILL DR**  
 CITY-ST-ZIP **TAMPA FL 33624-4610**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition  
 NAME **MELVIN R. ROGERS**  
 STREET ADDRESS **10233 SPYGLASS WAY**  
 CITY-ST-ZIP **BOCA RATON, FL 33498**

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

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

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

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

TITLE ☐ Change ☐ 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:

*Melvin R. Rogers* **MELVIN R. ROGERS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-1-2001**

Date

Daytime Phone #

CR2E034 (10/00)