

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

Mailing Address

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

% 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.



DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

4. FEI Number

59-2865499

Applied For

Not Applicable

Zip

Country

33498

USA

Zip

Country

33498

USA

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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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)