## 2000 UNIFORM BUSINESS REPORT (UBR)

## May 16, 2000 8:00 am Secretary of State **DOCUMENT # K16379** UNITED AMERICAN REALTY CORPORATION 05-16-2000 90006 035 \*\*\*150.00 Mailing Address Principal Place of Business P.O. BOX 637 P.O. BOX 637 107 S. EVERS 107 S. EVERS DOVER FL 33527-0637 DOVER FL 33527 2. Principal Place of Business 3. Mailing Address 202 WEST REYNOLDS ST ZOZ WEST. BEYNOLDS ST DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number 59-2879953 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name COMER, GORDON Street Address (P.O. Box Number is Not Acceptable) 202 WEST REYNOLDS PLANT CITY FL 33566 Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition ☐ Delete TITLE TITLE COIMER: GORDON NAME STREET ADDRESS 117 W ALEXANDER #386 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANT CITY FL 33586 ☐ Change TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 employed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if