

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K42136

1. Entity Name

NATIVE REALTY, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90143 024 ***150.00

Principal Place of Business

696 N. MAITLAND AVE.
MAITLAND FL 32751
US

Mailing Address

696 N. MAITLAND AVE.
SUITE 602
MAITLAND FL 32751-4423
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-2918566

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COGAN, CHRISTOPHER G.
696 N. MAITLAND AVE.
MAITLAND FL 32751

7. Name and Address of New Registered Agent

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

TITLE VP ☐ Delete
NAME COGAN, CARROLL F.
STREET ADDRESS 3001 HAYFIELD DR.
CITY-ST-ZIP LOUISVILLE KY

TITLE ST ☐ Delete
NAME COGAN, DORIS M.
STREET ADDRESS 3001 HAYFIELD DR.
CITY-ST-ZIP LOUISVILLE KY 40205

TITLE CP ☐ Delete
NAME COGAN, CHRISTOPHER G.
STREET ADDRESS 1100 SOUTH ORLANDO AVE., STE. 602
CITY-ST-ZIP MAITLAND FL

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

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 300 LAKE SEMINARY CIRCLE
CITY-ST-ZIP MAITLAND, FL 32751

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRISTOPHER G COGAN

1.5.2000

Date

Daytime Phone #

(407) 628-3636

CR2E034 (9/99)