

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # K42136**

1. Entity Name

NATIVE REALTY, INC.**FILED**
Jul 18, 2001 8:00 am
Secretary of State

07-18-2001 90002 010 ***550.00

0050783

Principal Place of Business

Mailing Address

~~696 N. MAITLAND AVE.~~
~~MAITLAND FL 32751~~
US~~696 N. MAITLAND AVE.~~
~~SUITE 602~~
~~MAITLAND FL 32751~~
US**AUG 18 2001**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

300 Lake Seminary Cir**PO BOX 940309**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MAITLAND FL**MAITLAND FL**4. FEI Number **59-2918566**

Applied For

Not Applicable

Zip **32751**Country **Seminole**Zip **32794**

Country

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

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

Name

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

300 Lake Seminary Cir

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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
VP
COGAN, CARROLL F.
3001 HAYFIELD DR.
LOUISVILLE KY ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
COGAN, DORIS M.
3001 HAYFIELD DR.
LOUISVILLE KY 40205 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CP
COGAN, CHRISTOPHER G.
300 LAKE SEMINARY CIRCLE
MAITLAND FL 32751 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
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CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
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 supplementary 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

7-10-01

Date

(407) 331-4525

Daytime Phone #

CR2E034 (10/00)