

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K56609

1. Entity Name

IRONHORSE REALTY, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90070 039 ***676.25

Principal Place of Business

8000 IRONHORSE BLVD.
WEST PALM BEACH 33 33412
US

Mailing Address

8000 IRONHORSE BLVD.
WEST PALM BEACH 33 33412-2403
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0172504

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~O'BRIEN, JAMES J~~
~~8000 IRONHORSE BLVD~~
~~WEST PALM BEACH FL 33412~~

7. Name and Address of New Registered Agent

Name

Vincent F. Adams

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

8000 Ironhorse Blvd

City

W Palm Beach

FL

Zip Code 33412

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)

Vincent F. Adams

4/5/00

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	DP	<input checked="" type="checkbox"/> Delete
NAME	O'BRIEN, JAMES J	
STREET ADDRESS	8000 IRONHORSE BLVD.	
CITY-ST-ZIP	WEST PALM BCH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	FRAZIER, BARBARA	
STREET ADDRESS	8000 IRONSHOE BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	DIRECTOR/V.PRES.	<input type="checkbox"/> Delete
NAME	VINCENT ADAMS	
STREET ADDRESS	8000 IRONHORSE BLVD	
CITY-ST-ZIP	W PALM BEACH, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP	33412	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

Barbara Frazier

BARBARA FRAZIER

4/5/00 561-694-0550

CR2E034 (9/99)