## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGN

IG OFFICER OR DIRECTOR

## FILED **DOCUMENT # K66063** May 22, 2000 8:00 am 1. Entity Name Secretary of State **GRAHAM REAL ESTATE COMPANY** 05-22-2000 90032 018 \*\*\*150.00 Principal Place of Business Mailing Address % GEORGE GRAHAM, JR. % GEORGE GRAHAM, JR. 2605-C KURT STREET 2605-C KURT STREET EUSTIS FL 32726 EUSTIS FL 32726-6234 2. Principal Place of Business 3. Mailing Address POINT ROAD 541 BA 7/7 N. Suite, Apt. #, exc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. # 110 Applied For 4. FEI Number City & State City & State 59-2606650 Not Applicable Miami \$8.75 Additional 5. Certificate of Status Desired 194 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GRAHAM, GEORGE, JR. Street Address (P.O. Box Number is Not Acceptable) 2605-C KURT ST. EUSTIS FL 32726-6234 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 (NOTE: Registered Agent signature required when reinstating) DATE 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 GRAHAM, GEORGE, JR., NAMÉ NAME 2605-C KURT ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **EUSTIS FL** ☐ Addition ☐ Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.