

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90124 010 ***150.00

DOCUMENT # K91617

1. Entity Name
COLEMAN CONNECTION REALTY INC:

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1509 Rickenbacker Dr.
Suite, Apt. #, etc.

3. Mailing Address
1509 Rickenbacker Dr.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Sun City Center, Fl

City & State
Sun City Center, Fl.

Zip
33573

Country

Zip
33573

Country

4. FEI Number Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Beverly K Parker

Street Address (P.O. Box Number is Not Acceptable)
1501 Del Webb Blvd. W

City
Sun City Center, FL Zip Code
33573

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 *Beverly K Parker*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/11/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	D Coleman Gertrude M 2006 Chickory Ln. Sun City Center, Fl. 33573	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVTS Parker, Beverly K 1501 Del Webb Blvd. W Sun City Center, Fl. 33573	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address with all other like empowered.

SIGNATURE: *Beverly K Parker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/02 (813) 633-2020

Date

Daytime Phone #

CR2E034B (12/01)

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K91617** / 1636191

1. Entity Name
COLEMAN CONNECTION REALTY, INC.

*Saw your info
 Copy of last yr's
 on 1/10/02 via
 mailed ck 9798
 renewed - other ck
 is outstanding
 so pending
 a gain*

Principal Place of Business Mailing Address
 % GERTRUDE M. COLEMAN % GERTRUDE M. COLEMAN
 1509 RICKENBACKER 1509 RICKENBACKER
 SUN CITY CENTER FL 33573 SUN CITY CENTER FL 33573
 US US



DO NOT WRITE IN THIS SPACE

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 **80-6964040** Applied For
 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent
COLEMAN, GERTRUDE M.
2006 CHICORY LANE
SUN CITY CENTER FL 33573

*9798
 1/10/02
 150.00*

7. Name and Address of New Registered Agent
 Name **Beverly K Parker**
 Street Address (P.O. Box Number is Not Acceptable) **1501 Del Webb Blvd. W**
 City **Sun City Center FL** Zip Code **33573**

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 *Beverly K Parker* DATE *3/22/01*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLEMAN, GERTRUDE M. 2006 CHICORY LANE SUN CITY CENTER FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSV PARKER, BEVERLY K. 1501 DEL WEBB BLVD W SUN CITY CENTER FL 33573 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	850-788-9000 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	850-245-6056 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	850-245-6059 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVTS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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Beverly K Parker, Beverly K Parker, Beverly K Parker *3/22/01*