

# 2001 UNIFORM BUSINESS REPORT (UBR)

0006080 AF

DOCUMENT # L00000008243

1. Entity Name  
FLORIDA PALMS REALTY GROUP, LLC

FILED

01 FEB 23 PM 1:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
8738 INTERNATIONAL DRIVE  
ORLANDO FL 32819

Mailing Address  
8738 INTERNATIONAL DRIVE  
ORLANDO FL 32819

2. Principal Place of Business

3. Mailing Address

6233 INTERNATIONAL DR. 8738 INTERNATIONAL DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applied For

ORLANDO FL

ORLANDO, FL

12-2204200

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

5.00 Additional Fee Required

32819

USA

32819

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRAHAM, JESSE E JR  
GRAHAM CLARK JONES BUILDER PRATT & MARKS  
369 NORTH NEW YORK AVE THIRD FLOOR  
WINTER PARK FL 32789

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

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

000003782680--7  
-02/27/01--01081--003  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

10.

ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
ESTES, HARVEY  
3108 BUCKNELL DR  
LAS VEGAS NV 89154

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ESTES, HARVEY T.  
8738 INTERNATIONAL DR  
ORLANDO FL 32819

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

407-345-8185

CR2E083 (11/00)