## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED DOCUMENT # L00560** Mar 06, 2000 8:00 am 1, Entity Name **Secretary of State** J. HARRIS REALTY COMPANY 03-06-2000 90099 020 \*\*\*150.00 Principal Place of Business Mailing Address % RICHARD WEISS % RICHARD WEISS 485 DOVER RD 485 DOVER RD TEQUESTA FL 33469-2970 TEQUESTA-FL-33469= 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For City & State City & State 4. FEI Number 65-0127683 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 16. Name and Address of Current Registered Agent Name V + 1 1 WEISS RICHARD Street Address (P.O. Box Number is Not Acceptable) 485 DOVER RD **TEQUESTA FL 33469** City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition TITLE ☐ Delete TITLE WEISS, RICHARD NAME NAME STREET ADDRESS 485 DOVER RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TEQUESTA FL** VST ☐ Addition ☐ Change TITLE ☐ Delete TITLE WEISS: JACQUELINE NAME **485 DOVER ROAD** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TEQUESTA FL** ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITI F TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP - 🔲 Change ☐ Addition Delete TITLE NAME ' NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP C(TY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS 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.

SMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

SIGNATURE: