

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 18, 2001 8:00 am
Secretary of State

01-18-2001 90008 037 ***150.00

0118321

DOCUMENT # L41118

1. Entity Name

CARRIER & DICKINSON REAL ESTATE ASSOCIATES, INC.

Principal Place of Business

**31 OCEAN REEF DR
SUITE A-101
KEY LARGO FL 33037
US**

Mailing Address

**31 OCEAN REEF DR
SUITE A-101
KEY LARGO FL 33037
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE



City & State

City & State

4. FEI Number **65-0183075**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION COMPANY OF MIAMI
201 S.BISCAYNE BLVD
1600 MIAMI CENTER
MIAMI FL 33156**

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

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 **PD** ☐ Delete
NAME **DICKINSON, WILLIAM H**
STREET ADDRESS **31 OCEAN REEF DR A101**
CITY-ST-ZIP **KEY LARGO FL**TITLE **VP** ☐ Delete
NAME **DICKERSON, MARTHA**
STREET ADDRESS **91951 OVERSEAS HWY**
CITY-ST-ZIP **TAVERNIER FL 33070**TITLE **VP** ☐ Delete
NAME **JONES, GEORGINA**
STREET ADDRESS **31 OCEAN REEF DR A-101**
CITY-ST-ZIP **KEY LARGO FL**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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 #

CR2E034 (10/00)



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
DIVISION OF REAL ESTATE
400 W. Robinson St., P.O. Box 1900,
Orlando, FL 32802-1900
(407) 245-0800

attachment
41118

MAKE CHECKS PAYABLE TO:
DIVISION OF REAL ESTATE
DO NOT SEND CASH

603788

REQUEST FOR RENEWAL OR CHANGE OF CORPORATION OR PARTNERSHIP

COMPLETE FORM IN BLACK INK

Corporation
Name of Partnership Carrier & Dickinson Real Estate Associates, Inc.
(if not a partnership)

Trade Name Prudential Keyside Properties

Florida Business Address 31 Ocean Reef Dr., Suite A-101, Key Largo, FL 33037
Give address of main office (Street Number) (City) (State) (Zip)

Federal Employer # 650183075 Business Telephone Number 3053672336

You must furnish the names and residence addresses of ALL of the officers and directors of the corporation, or ALL members of the partnership.
(A licensed real estate salesperson, active or in-active, cannot be an officer or director of a real estate broker corporation or a member of a partnership.)
Multiple Brokers licenses: brokers licensed with more than one real estate brokerage company should inform the respective companies of this fact.

Name	Office Held	Active or in-active
1. <u>William H Dickinson</u> Residence Address <u>15 Perky Rd.</u> <u>Key Largo, FL 33037</u>	President	Active
2. <u>Martha M. Dickerson</u> Residence Address <u>179 Lorelane Place, Key Largo, FL</u> <u>33037</u>	Vice-President	Active
3. <u>Georgina Jones</u> Residence Address <u>505 NW 21st. Street</u> <u>Homestead, FL 33030</u>	Vice-Pres.	Active
4. <u>Charles W. Laffoon, Jr.</u> Residence Address <u>24 Dockside Lane - #455</u> <u>Key Largo, FL 33037</u>	Vice-Pres.	Active
5. <u>Updating/consolidating office held by Mr. Laffoon</u> Residence Address		

I further certify that none of the persons listed have been convicted for the violation of any law of the State, the United States, or any other State; that none of the persons listed have had any license, registration or other authority to do business denied, suspended, or revoked by any board, commission, agency or association, and that the Corporation or Partnership and each of the persons listed is entitled to receive a registration certification according to the status shown above, under the provisions of Chapter 475, F.S., and the rules of the Florida Real Estate Commission.

Signature

William H Dickinson

of active broker/officer

WILLIAM H DICKINSON

CQ 0264224
Corporation or Partnership license number

(title) Broker/Owner

RENEWAL INFORMATION

** NOTE: FEES ARE SUBJECT TO CHANGE WITHOUT NOTICE. **

This renewal form is used to request registration for a Corporation or Partnership. Active officers, directors or firm members who have a regular license status must renew on separate forms.

Witness my authorized signature this _____ day of _____, 19____