

2000 UNIFORM BUSINESS REPORT (UBR)

0460626

DOCUMENT # L95224

1. Entity Name

TRADER BAY REALTY, INC.

FILED

00 MAR 24 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1625 COLONIAL BLVD.
S-E
FT. MYERS FL 33907

Mailing Address

1625 COLONIAL BLVD.
S-E
FT. MYERS FL 33907-1101

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0219437

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

HILL, ROBERT C.
2431 FIRST ST.
FT. MYERS FL 33901

Name

Gale S. Schork

Street Address (P.O. Box Number is Not Acceptable)

622 SW 25th Lane

City

Cape Coral

FL

Zip Code

33914

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

Gale S. Schork

3-10-00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SHIREMAN, HAROLD C.	
STREET ADDRESS	1956 GOLFVIEW AVE #4	
CITY-ST-ZIP	FT. MYERS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Allan C. Ebell, II	
STREET ADDRESS	27 Meadows Rd.	
CITY-ST-ZIP	Lafayette, NJ 07848	
TITLE	PST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gale S. Schork	
STREET ADDRESS	622 SW 25 th Lane	
CITY-ST-ZIP	Cape Coral, FL 33914	
TITLE	Harold C. Shireman	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1956 Golf View Ave.	
STREET ADDRESS	FT. MYERS, FL 33901	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Gale S. Schork

3-10-00

Date

941-939-0101

Daytime Phone #

CR2E034 (9/99)