

# 2000 UNIFORM BUSINESS REPORT (UBR)

0011262 AF

DOCUMENT # L99000002476

1. Entity Name  
REALTY EXCHANGE GROUP, L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JAN 31 AM 8:10

Principal Place of Business  
359 SHARWOOD DRIVE, SUITE 101  
NAPLES FL 34110

Mailing Address  
359 SHARWOOD DRIVE, SUITE 101  
NAPLES FL 34110-5725



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3575163

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOLFE, DAVID L  
359 SHARWOOD DRIVE, SUITE 101  
NAPLES FL 34110

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**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
WOLFE, DAVID L  
359 SHARWOOD DRIVE, SUITE 101  
NAPLES FL 34110 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
4000002121924-5  
-02/03/00-01007-029  
\*\*\*\*\*55.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
WOLFE, CAROLE L  
359 SHARWOOD DRIVE, SUITE 101  
NAPLES FL 34110 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
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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:

David L. Wolfe, Manager

Date

Daytime Phone #

(941)592-1468

January 27, 2000

CR2E083 (9/99)