

2000 UNIFORM BUSINESS REPORT (UBR)

UNIFORM BUSINESS REPORT

DOCUMENT # **L99000006826**

FILED

1. Entity Name
REALTY INVESTMENTS, LLC

01 FEB -8 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2611 SUNSET DRIVE
TAMPA FL 33629

Mailing Address
2611 SUNSET DRIVE
TAMPA FL 33629



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
REALTY INVESTMENTS
Suite, Apt. #, etc.
P.O. Box 2697
City & State
TAMPA FL.
Zip Country
33601 U.S.

4. FEI Number
593613657

Applied For
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
VARSAMES, LOUIS J
2611 SUNSET DRIVE
TAMPA FL 33629

7. Name and Address of New Registered Agent
Name
Louis J. Varsames
Street Address (P.O. Box Number is Not Acceptable)
7311 Pelican Island Drive
City
Tampa FL Zip Code
33634

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]*

7-1300

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/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jim GARVEY <input type="checkbox"/> Delete 18840 SW 5th St SW Lutz FL 33549 <i>INGRA</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lou Varsames <input type="checkbox"/> Delete 7311 Pelican Island Drive Tampa FL 33634 <i>MOR</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200003757722--6 -02/23/01--01033--014 *****5.00 *****5.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200003757722--6 -02/23/01--01033--015 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200003757722--6 -02/23/01--01033--016 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition REINSTATEMENT <i>00 always dec</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date **813-288-0088** Daytime Phone #

CR2E083 (5/00)