2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # M68117 Mar 04, 2000 8:00 am 1. Entity Name **Secretary of State** R REALTY CORPORATION 03-04-2000 90074 015 ***150.00 Principal Place of Business Mailing Address % PAUL R. RUTLEDE % PAUL R. RUTLEDE 3048 N.W. 26TH AVE. 3048 N.W. 26TH AVE. **BOCA RATON FL 32789-1451 BOCA RATON FL 33434** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0042806 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RUTLEDGE, PAUL R Street Address (P.O. Box Number is Not Acceptable) 3048 N.W. 26TH AVE. **BOCA RATON FL 33434** Zip Code City 8. The above named entire 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 After MAY 1, 2000 Fee will be \$550.00 This corporation is eligible to satisfy its intangible. \$5.00 May Be 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Delete TITLE TITLE RUTLEDGE, PAUL R NAME NAME 1911 Summerland 32789 STREET ADDRESS 3048 N.W. 26TH AVE. STREET ADDRESS Winter Park CITY-ST-7/P CITY-ST-ZIP **BOCA RATON FL** Change Addition Delete TITLE TITLE 1911 Summerland RUTLEDGE, DÓNNA P NAME NAME 32789 3048 N.W. 26TH AVE. STREET ADDRESS STREET ADDRESS WinterPark, FL CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TIT) F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

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