

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M83800

1. Entity Name
HUD REALTY INC.

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90481 043 ***150.00

Principal Place of Business

207 HARBOUR DRIVE, #3
NAPLES FL 34103
US

Mailing Address

~~C/O HILL BARTH & KING~~
~~3777 TAMiami TRAIL NORTH SUITE 200~~
~~NAPLES FL 34103~~
~~US~~

AUU4J530



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

C/O Lynch Anselmo 0th Bryan Co
2550 SOM Center #360

City & State

City & State
Willoughby Hills Ohio

4. FEI Number 65-0054451

Applied For
Not Applicable

Zip

Country

Zip

44094

Country

LAKE

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

6. Name and Address of Current Registered Agent

BAER, DAN E.
3777 TAMiami TRAIL NORTH
SUITE 200
NAPLES FL 33940

7. Name and Address of New Registered Agent

Name HUDSON D. FOWLER

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

207 Harbour Drive

City NAPLES

FL

Zip 34103

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 *Hudson D Fowler*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-8-01

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 P
NAME FOWLER, WILMA H.
STREET ADDRESS 207 HARBOUR DRIVE, #3
CITY-ST-ZIP NAPLES FL 34103 ☐ Delete

TITLE ST
NAME GRIECO, SIGRID W
STREET ADDRESS 28700 PIKE DR.
CITY-ST-ZIP ORANGE OH 44022 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

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: *Wilma H Fowler, Pres*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #