

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -2 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M99000000827

1. Entity Name

COMMERCIAL REAL ESTATE ADVISORS, LLC

Principal Place of Business

3595 GRANDVIEW PARKWAY, SUITE 400
BIRMINGHAM AL 35243

Mailing Address

3595 GRANDVIEW PARKWAY, SUITE 400
BIRMINGHAM AL 35243-1927

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

63-1237745

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 MGR GORECKI, JOHN C
STREET ADDRESS 3595 GRANDVIEW PARKWAY, SUITE 400
CITY- ST- ZIP BIRMINGHAM AL 35243

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME MGR WALTERS, PATRICK A
STREET ADDRESS 3595 GRANDVIEW PARKWAY, SUITE 400
CITY- ST- ZIP BIRMINGHAM AL 35243

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME MGR LAWLEY, MICHAEL A
STREET ADDRESS 15 SOUTH 20TH STREET, SUITE 1305
CITY- ST- ZIP BIRMINGHAM AL 35233

TITLE NAME
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CITY- ST- ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

JOHN C. GORECKI, SR VP 4/28/00 (205) 443-4500

CR2E083 (9/99)