

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 22, 2002 8:00 am**
Secretary of State

03-22-2002 90054 012 ****61.25

DOCUMENT # N95000005631

1. Entity Name

L.F. PALM BEACH REALTY CORPORATION

Principal Place of Business

Mailing Address

**PALM BEACH REALTY CORP.
KANNER HWY.
PALM BEACH FL****C/O ULLICO INC. ATTN: MORT. & REAL EST.
111 MASS. AVE. N.W.
WASHINGTON DC 20001**

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

58-2231562

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. 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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **BEARSE, MICHAEL S**
STREET ADDRESS **905 16TH STREET, N.W.**
CITY-ST-ZIP **WASHINGTON DC 20006-1765**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **FISCHER, GEORGE J**
STREET ADDRESS **905 16TH STREET, N.W.**
CITY-ST-ZIP **WASHINGTON DC 20006-1765**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **WARREN, MASON M**
STREET ADDRESS **905 16TH STREET, N.W.**
CITY-ST-ZIP **WASHINGTON DC 20006-1765**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **SABITONI, ARMAND E**
STREET ADDRESS **905 16TH ST., N.W.**
CITY-ST-ZIP **WASHINGTON DC 20006-1765**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **CAVALLARO, ALFRED A**
STREET ADDRESS **905 16TH STREET, N.W.**
CITY-ST-ZIP **WASHINGTON DC 20006-1765**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **MCCORMICK, ROBERT**
STREET ADDRESS **8710 NERO STREET**
CITY-ST-ZIP **ANNANDALE VA 22003**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/02
Date

Daytime Phone #

CR2E037 (9/01)