

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90034 009 ***150.00

A0062742

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000028917
1. Entity Name
 Community Realty & Development, Inc.

Principal Place of Business
 465 Pinellas Bayway #211
 Tierra Verde FL 33715
Mailing Address
 465 Pinellas Bayway #211
 Tierra Verde, FL 33715

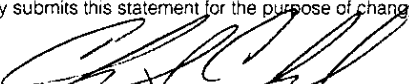
2. Principal Place of Business
 516 13th Ave NE
 Suite, Apt. #, etc.
3. Mailing Address
 516 13th Ave NE
 Suite, Apt. #, etc.

City & State
 St. Petersburg FL
City & State
 St. Petersburg FL
Zip
 33701
Country
 USA

4. FEI Number
 59-3643551
Applied For
 Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required.**

6. Name and Address of Current Registered Agent
 Christopher C. Sanders
 465 Pinellas Bayway #211
 Tierra Verde FL 33715

7. Name and Address of New Registered Agent
Name
 Christopher C. Sanders
Street Address (P.O. Box Number is Not Acceptable)
 516 13th Ave NE
City
 St. Petersburg **FL** **Zip Code**
 33701

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  **DATE** 4/23/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS	
TITLE P/S/D NAME Christopher C. Sanders STREET ADDRESS 465 Pinellas Bayway #211 CITY-ST-ZIP Tierra Verde, FL 33715	<input type="checkbox"/> Delete
TITLE V/T/D NAME Mark W. Wolfe STREET ADDRESS 1115 Marigold Dr. CITY-ST-ZIP Bradenton FL 34202	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P/S/D NAME Christopher C. Sanders STREET ADDRESS 516 13th Ave NE CITY-ST-ZIP St. Petersburg, FL 33701	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V/T/D NAME Mark W. Wolfe STREET ADDRESS 1115 Marigold Dr. CITY-ST-ZIP Bradenton, FL 34202	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 type="checkbox"/> Addition
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 type="checkbox"/> 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:  **Christopher C. Sanders** **DATE** 4/23/01 **Daytime Phone #** 727-822-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/1/00)