

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**  
 04-24-2001 90298 044 \*\*\*150.00

**DOCUMENT # P00000030527**

1. Entity Name  
**CARY REAL ESTATE, INC.**

Principal Place of Business  
**11671 CARAWAY LN. #157**  
**FT. MYERS FL 33908**

Mailing Address  
**11671 CARAWAY LN. #157**  
**FT. MYERS FL 33908**

2. Principal Place of Business  
**6025 PERTSHIRE LANE**

3. Mailing Address  
**6025 PERTSHIRE LANE**

Suite, Apt. #, etc.

City & State  
**FT. MYERS, FL**

City & State  
**FT. MYERS, FL**

Zip  
**33908**

Country  
**USA**

Zip  
**33908**

Country  
**USA**

4. FEI Number  
**65-1042390**

Applied For  
☐ Not Applicable

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

## 6. Name and Address of Current Registered Agent

**CARY, AMANDA A**  
**11671 CARAWAY LN. #157**  
**FT. MYERS FL 33908**

## 7. Name and Address of New Registered Agent

Name  
**CARY, AMANDA A**

Street Address (P.O. Box Number is Not Acceptable)  
**6025 PERTSHIRE LANE**

City  
**FORT MYERS**

FL Zip Code  
**33908**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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  
**PD**

NAME  
**CARY, AMANDA A**

STREET ADDRESS  
**11671 CARAWAY LN. #157**

CITY-ST-ZIP  
**FT. MYERS FL 33908**

☐ Delete

TITLE  
**STD**

NAME  
**CARY, BETH A**

STREET ADDRESS  
**11671 CARAWAY LN. #157**

CITY-ST-ZIP  
**FT. MYERS FL 33908**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

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 STREET ADDRESS  
 CITY-ST-ZIP

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## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**PD**

NAME  
**CARY, AMANDA A**

STREET ADDRESS  
**6025 PERTSHIRE LANE**

CITY-ST-ZIP  
**FT. MYERS, FL 33908**

☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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: **Beth Cary**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **(941) 489-1100** Daytime Phone # **ext. 127**

CR2E034 (10/00)