

# 2001 UNIFORM BUSINESS REPORT (UBR)

4

DOCUMENT # P00000067368

1. Entity Name

REALTY GROUP AND TRUST, INC.

**FILED**  
May 05, 2001 8:00 am  
Secretary of State

04-16-2001 90480 006 \*\*\*158.75

Principal Place of Business *5916 FORTUNE PLACE* Mailing Address *5916 FORTUNE PLACE*  
~~100 FRANDORSON CIRCLE, #101~~  
APOLLO BEACH FL 33572 ~~100 FRANDORSON CIRCLE, #101~~  
APOLLO BEACH FL 33572



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business *5916 FORTUNE PLACE* 3. Mailing Address *5916 FORTUNE PLACE*  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State *APOLLO BEACH, FL* City & State *APOLLO BEACH FLORIDA*  
Zip *33572* Country *HILLSBOROUGH* Zip *33572* Country *HILLSBOROUGH*

4. FBI Number *59-3675244* Applied For ☐ Not Applicable  
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
*MUSGRAVE, WILLIAM S*  
~~100 FRANDORSON CIRCLE, STE 101~~ *5916 FORTUNE PLACE*  
APOLLO BEACH FL 33572

7. Name and Address of New Registered Agent  
Name *NONE*  
Street Address (P.O. Box Number is Not Acceptable) *NONE*  
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]* DATE *4/12/2001*  
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 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE *4/12/2001* DAYTIME PHONE # *813-649-1600*

CR2E034 (10/00)