

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 25, 2001 8:00 am
Secretary of State

04-27-2001 90242 026 ***150.00

DOCUMENT # P00000078437

1. Entity Name

STAR ISLAND REALTY, INC.

Principal Place of Business

Mailing Address

5000 AVE OF THE STARS
 KISSIMMEE FL 34746

5000 AVE OF THE STARS
 KISSIMMEE FL 34746

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

KISSIMMEE FL

Zip

Country

Zip

Country

34746

US

4. FEI Number

59-3667345

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

MYERS, JARED
 5000 AVE OF THE STARS
 KISSIMMEE FL 34746

Name

ROBERT Z. KAPLUS

Street Address

2800 N. POINCIANA BLVD

City

KISSIMMEE

FL

34746

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]

Robert A. Kaplus

4-20-01

Signature, typed or printed name of registered agent and title if applicable.

(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	D	<input checked="" type="checkbox"/> Delete
NAME	MAY, JURGEN	
STREET ADDRESS	5000 AVE OF THE STARS	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MEYERS, NEIL	
STREET ADDRESS	5000 AVE OF THE STARS	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KAPLUS, ROBERT	
STREET ADDRESS	5000 AVE OF THE STARS	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P S D	
STREET ADDRESS	MEYERS, HILLEL	
CITY-ST-ZIP	4875 PINE TREE DRIVE	
	MIAMI BEACH FL 33140	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VP	
STREET ADDRESS	LEVANTHAL, RON	
CITY-ST-ZIP	6762 LAKE TIBET CT	
	ORLANDO FL 32836	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FAZIO, CHUCK	
STREET ADDRESS	1920 WOOD CREST DR #13	
CITY-ST-ZIP	WINTER PARK FL 32792	

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] VP ROVAVENTHAL 4/10/01

407-997-5192

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)