

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90103 021 ***150.00

DOCUMENT # P92000005922
1. Entity Name
THOMAS GREGORY REALTY AND DEVELOPMENT, INC.

Principal Place of Business
1600 N ORANGE AVE
SUITE 1100
ORLANDO FL 32804
US

Mailing Address
1600 N ORANGE AVE
SUITE 1100
ORLANDO FL 32804
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1600 N. ORANGE AVE.
Suite, Apt. #, etc.

3. Mailing Address
1600 N. ORANGE AVE.
Suite, Apt. #, etc.

City & State
ORLANDO, FL
Zip **32804**
Country **US**

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ORLANDO, FL
Zip **32804**
Country **US**

4. FEI Number **59-3149647**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
MC GEE, THOMAS J
1600 N ORANGE AVE
SUITE 1100
ORLANDO FL 32804

7. Name and Address of New Registered Agent
Name **THOMAS J. MC GEE**
Street Address (P.O. Box Number is Not Acceptable) **1600 N. ORANGE AVE**
City **ORLANDO** **FL** **Zip Code** **32804**

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

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PSD MC GEE, THOMAS J 1600 N ORANGE AVE ORLANDO FL <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
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

1/25/02 (407) 898-6999
Date Daytime Phone #

CR2E034 (9/01)