## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

P92000005922

1. Entity Name

THOMAS GREGORY REALTY AND DEVELOPMENT, INC.



**FILED** Mar 03, 2003 8:00 am Secretary of State 03-03-2003 90498 026 \*\*\*150.00

Principal Place of Business 1600 N ORANGE AVE SUITE 1100 ORLANDO FL 32804 US 2. Principal Place of Business			Mailing Address 1600 N ORANGE AVE SUITE 1100 ORLANDO FL 32804 US 3. Mailing Address					
Suite, Apt	. #, etc.		Suite, Apt. #, etc.	· -				
						☐ CHECK HERE IF MAKING CHANGES		
City & State			City & State			4. FEI Number 59-3149647 Applied For Not Applicable		
Zip Country			· Zip	,		5. Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name and	Address of Curre	nt Registered Agent		:	7. Name and Address of New Registe		
MCGEE	THOMAS J			Name		•		
	DRANGE AVE			Street Address		P.O. Box Number is Not Acceptable)		
SUITE 11	·=			<del></del>	<del>.</del>			<del></del>
	O FL 32804			City	-	<u> </u>	Zip Coo	de
8. The above	named entity subr	mits this statement	for the purpose of changing if	ls registered office or	registere	ed agent, or both, in the State of Florida.	:	and accept
the obligat	tions of registered a	agent.	h . h	is regional and an or	regiotore	you agont, or both, in the state of horida.	ram ammar with,	and accept
SIGNATURE								
•	Signature, typed or printe	ed name of registered age	ent and title if applicable. (NC	TE: Registered Agent signatu	re required	when reinstating)	DATE	
' Afte	ILE NOW!!! FE r May 1, 2003 Fe	e will be \$550.0	0			9. Election Campaign Financing Trust Fund Contribution.	~	00 May Be
	k Payable to Flor							
TITLE	PSD	OFFICERS AN	ID DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS		
NAME	MCGEE, THOM		☐ Defete	i title Name			☐ Change	Addition
STREET ADORESS	1600 N ORANG	SE AVE		STREET ADDRESS				
,CITY-ST-ZIP	ORLANDO FL		4	CITY-ST-ZIP				
TITLE -			☐ Delete	TITLE			☐ Change	☐ Addition
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STREET ADDRESS   CITY-ST-ZIP				STREET ADDRESS				
	ortify that the info	notion supplied	Alo Aloia (Climan along a control and a	CITY-ST-ZIP				
indicated	on this report or su	pplementer report	in this hilling does not qualify for is true and accurate and that i	r the exemption state ny signature shall ha	d in Sective the sa	tion 119.07(3)(i), Florida Statutes. I further ame legal effect as if made under oath; tha	certify that the in at I am an officer	iformation or director
changed,	or on an attachmen	t with an address	owered to execute this report, with all other like empowered	as required by Chap	ter 607, I	tion 119.07(3)(t), Florida Statutes, Trurther ame legal effect as if made under oath; this Florida Statutes; and that my name appea	ars in Block 10 or	Block 11 if

<u> Simbed</u>

OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: △