

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000014136

1. Entity Name

CLARIDGE REALTY, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90044 025 ***150.00

Principal Place of Business

Mailing Address

8000 HIGHWAY A1A
VERO BCH FL 32963-4216
US

8000 HIGHWAY A1A
VERO BCH FL 32963-4216
US

2. Principal Place of Business

7777 N. A1A

Suite, Apt. #, etc.

3. Mailing Address

7777 N. A1A

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Vero Beach, Florida

City & State
Vero Beach, Florida

4. FEI Number 65-0377573

Applied For
Not Applicable

Zip
32963-4216

Country
USA

Zip
32963-4216

Country
USA

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

ESQUIRE, PHILIPPE JECK
1061 E. INDIANTOWN RD. STE 400
JUPITER ISLAND FL 33477

Name

Philippe Jeck, Esquire

Street Address (P.O. Box Number is Not Acceptable)
c/o Jeck, Harris & Jones, LLP

1061 E. Indiantown Road, Suite 400

City
Jupiter,

FL

Zip Code
33477

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTSD
SIMPSON, MASON
25 SADDLE BACK ROAD
TEQUESTA FL 33469 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTSD
Simpson, R. Mason
1736 Ocean Drive
Vero Beach, Florida 32963 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/00

Date

(561) 231-3131

Daytime Phone #

CR2E034 (9/99)