## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # P93000015588 Mar 21, 2000 8:00 am 1. Entity Name **Secretary of State** FLETCHER REALTY III, INC. 03-21-2000 90067 038 \*\*\*150.00 Principal Place of Business Mailing Address 1548 THE GREENS WAY PO BOX 1219 PONTE VEDRA BCH FL 32004-1219 JAX BCH FL 32250 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3172827 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MELCHING, STEPHEN D Street Address (P.O. Box Number is Not Acceptable) 1548 THE GREENS WAY APT 4 PONTE VEDRA BEACH FL 32082 Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change ☐ Delete TITLE TITLE FLETCHER, PAUL Z NAME STREET ADDRESS 1548 THE GREENS WAY STE 4 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JAX BCH FL 32250 ☐ Addition ☐ Delete TITLE Change TITLE FLETCHER, JEROME S NAME NAME STREET ADDRESS 1548 THE GREENS WAY STREET ADDRESS CITY-ST-7IP JAX BCH FL 32250 CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE MELCHING, STEPHEN D NAME NAME STREET ADDRESS STREET ADDRESS 1548 THE GREENS WAY CITY-ST-ZIP CITY-ST-ZIP JAX BCH FL 32250 ☐ Change Addition ☐ Delete TITLE TITLE **HUTCHINSON, FRANCES F** NAME NAME STREET ADDRESS 1548 THE GREENS WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JAX BCH FL 32250 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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

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