

DOCUMENT # P93000049058							
<b>1. Entity Name</b>  <b>BOWLES REALTY GROUP, INC.</b>							
<b>Principal Place of Business</b>  <b>7300 ALOMA AVE</b> <b>WINTER PARK FL 32792</b>		<b>Mailing Address</b>  <b>7300 ALOMA AVE</b> <b>WINTER PARK FL 32792-7104</b>					
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent							
<b>BOWLES, WILBUR G</b> <b>7300 ALOMA AVE</b> <b>WINTER PARK FL 32792</b>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 5px;">Name</td></tr> <tr><td style="padding: 5px;">Street Address ( )</td></tr> <tr><td style="padding: 5px;"> </td></tr> <tr><td style="padding: 5px;">City</td></tr> </table>		Name	Street Address ( )		City
Name							
Street Address ( )							
City							
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.</b>							
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required)</small>					
<b>9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.</b> (See criteria on back) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>					
11. OFFICERS AND DIRECTORS							
TITLE	PVST	<input type="checkbox"/> Delete					
NAME	BOWLES, WILBUR G						
STREET ADDRESS	1032 TUSCANY PL						
CITY-ST-ZIP	WINTER PARK FL						
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CITY-ST-ZIP							

**THE UNIVERSITY OF CHICAGO**

4. FEI Number	59-3207306	Applied For
		Not Applicable

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

**7.- Name and Address of New Registered Agent**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**10. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00** May Be Added to Fees

**12.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST BOWLES, WILBUR G 1032 TUSCANY PL WINTER PARK FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: WILBUR G. Bowles 3-19-10 407-678-3999  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #