

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90017 048 ***150.00

DOCUMENT # P93000062422

1. Entity Name
3 BRIDGES REALTY, INC.

Principal Place of Business

Mailing Address

**324 ROYAL PALM WAY
 STE 218
 PALM BEACH FL 33480
 US**

**P.O. BOX 2956
 PALM BEACH FL 33480
 US**

2. Principal Place of Business

3. Mailing Address

200 Cleary Road

PO Box 3474

City & State

City & State

West Palm Beach FL

West Palm Beach FL

Zip

Country

Zip

Country

33413

33480

4. FEI Number **65-0434419**

Applied For

Not Applicable

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

**COMMANDER, JONATHAN D.
 324 ROYAL PALM WAY
 STE 218
 PALM BEACH FL 33480**

Name

Street Address (P.O. Box Number is Not Acceptable)

200 Cleary Road

City

West Palm Beach FL

Zip Code

33413

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, 2001 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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
DPST	COMMANDER, JONATHAN D	200 CLEARY ROAD	WEST PALM BEACH FL 33413	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 or without other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Jonathan D. Commander**

Date **1/7/01**

Daytime Phone # **(561) 688-5656**

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE