

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2001 8:00 am
Secretary of State
 04-28-2001 90005 010 ***150.00

0020083

DOCUMENT # P93000084461

1. Entity Name

KOGER REAL ESTATE SERVICES, INC.

Principal Place of Business
8880 FREEDOM CROSSING TRAIL
STE 100
JACKSONVILLE FL 32256-9920

Mailing Address
P O BOX 58120
JACKSONVILLE FL 32241-8120

2. Principal Place of Business
433 Plaza Real
 Suite, Apt. #, etc.
Suite 335

3. Mailing Address
8880 Freedom Crossing Trail
 Suite, Apt. #, etc.
Suite 101

City & State
Boca Raton, FL

City & State
Jacksonville, FL

Zip
33432

Country
USA

Zip
32256

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3213613**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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

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	DC HUGHES, JR. V 8880 FREEDOM CROSSING TRL- STE 100 JACKSONVILLE FL 32256-9920	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT STEPHENS, JAMES 8880 FREEDOM CROSSING TRL- STE 100 JACKSONVILLE FL 32256-9920	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS JENKINS, W. LAWRENCE 8880 FREEDOM CROSSING TRL- STE 100 JACKSONVILLE FL 32256-9920	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TEAGLE, JAMES 8880 FREEDOM CROSSING TRL- STE 100 JACKSONVILLE FL 32256-9920	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOWELL, BRYAN F. 8880 FREEDOM CROSSING TRL- STE 100 JACKSONVILLE FL 32256-9920	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HILEY, DAVID B 8880 FREEDOM CROSSING TRL- STE 100 JACKSONVILLE FL 32256-9920	<input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8880 Freedom Crossing Trail, Ste 101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition T CAO 8880 Freedom Crossing Trail, Ste. 101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D CEO Crocker, Thomas J. 433 Plaza Real, Ste. 335 Boca Raton, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D CFO Onisko, Robert E. 433 Plaza Real, Ste. 335 Boca Raton, FL 33432
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"/> 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:

James L. Stephens

James L. Stephens

4/10/01

(904) 538-8830

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)