

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2001 8:00 am**  
**Secretary of State**

04-28-2001 90005 010 \*\*\*150.00

**DOCUMENT # P93000084461**

1. Entity Name  
**KOGER REAL ESTATE SERVICES, INC.**

Principal Place of Business <b>8880 FREEDOM CROSSING TRAIL          STE 100          JACKSONVILLE FL 32256-9920</b>	Mailing Address <b>P O BOX 58120          JACKSONVILLE FL 32241-8120</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>433 Plaza Real</b>	3. Mailing Address <b>8880 Freedom Crossing Trail</b>
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Suite, Apt. #, etc. <b>Suite 335</b>	Suite, Apt. #, etc. <b>Suite 101</b>
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City & State <b>Boca Raton, FL</b>	City & State <b>Jacksonville, FL</b>
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4. FEI Number <b>59-3213613</b>	Applied For
	Not Applicable

Zip <b>33432</b>	Country <b>USA</b>	Zip <b>32256</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b>
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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC</b> <b>HUGHES, JR. V</b> <b>8880 FREEDOM CROSSING TRAIL- STE 100</b> <b>JACKSONVILLE FL 32256-9920</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8880 Freedom Crossing Trail, Ste 101</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT</b> <b>STEPHENS, JAMES</b> <b>8880 FREEDOM CROSSING TRAIL- STE 100</b> <b>JACKSONVILLE FL 32256-9920</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>T CAO</b> <b>8880 Freedom Crossing Trail, Ste. 101</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS</b> <b>JENKINS, W. LAWRENCE</b> <b>8880 FREEDOM CROSSING TRAIL- STE 100</b> <b>JACKSONVILLE FL 32256-9920</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D CEO</b> <b>Crocker, Thomas J.</b> <b>433 Plaza Real, Ste. 335</b> <b>Boca Raton, FL 33432</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>TEAGLE, JAMES</b> <b>8880 FREEDOM CROSSING TRAIL- STE 100</b> <b>JACKSONVILLE FL 32256-9920</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D CFO</b> <b>Onisko, Robert E.</b> <b>433 Plaza Real, Ste. 335</b> <b>Boca Raton, FL 33432</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>HOWELL, BRYAN F.</b> <b>8880 FREEDOM CROSSING TRAIL- STE 100</b> <b>JACKSONVILLE FL 32256-9920</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> <b>HILEY, DAVID B</b> <b>8880 FREEDOM CROSSING TRAIL- STE 100</b> <b>JACKSONVILLE FL 32256-9920</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <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 #

0020083

CR2E034 (10/00)