

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90143 031 ***150.00

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DOCUMENT # P93000084461

1. Entity Name

KOGER REAL ESTATE SERVICES, INC.



Principal Place of Business

433 PLAZA REAL

SUITE 335

BOCA RATON FL 33432

Mailing Address

8880 FREEDOM CROSSING TRAIL

SUITE 101

JACKSONVILLE FL 32256



2. Principal Place of Business

225 NE Mizner Blvd.

Suite, Apt. #, etc.

Suite 200

City & State

Boca Raton FL

Zip

33432

Country

3. Mailing Address

225 NE Mizner Blvd.

Suite, Apt. #, etc.

Suite 200

City & State

Boca Raton, FL

Zip

33432

Country

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DC
HUGHES, JR. V
8880 FREEDOM CROSSING TRAIL, STE 101
JACKSONVILLE FL 32256-9920

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TCAO
STEPHENS, JAMES
8880 FREEDOM CROSSING TRAIL, STE 101
JACKSONVILLE FL 32256-9920

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DCEO
CROCKER, THOMAS J
433 PLAZA REAL, STE 335
BOCA RATON FL 33432

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DCFO
ONISKO, ROBERT E
433 PLAZA REAL, STE. 335
BOCA RATON FL 33432

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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225 NE Mizner Blvd., Suite 200
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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/03

Date

(31) 395-466

Daytime Phone #

CR2E034 (10/02)