

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90029 007 \*\*\*158.75

**DOCUMENT # P94000000092**

1. Entity Name

**BARRY RUTENBERG REALTY, INC.**

Principal Place of Business

Mailing Address

**5525 NW 48TH PLACE  
GAINESVILLE FL 32606  
US****5525 NW 48TH PLACE  
GAINESVILLE FL 32606  
US**

2. Principal Place of Business

**5023 NW 57th Street**

3. Mailing Address

**PO Box 358080**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

**Gainesville, FL**

City &amp; State

**Gainesville, FL**

4. FEI Number

**59-3223581**

Applied For

Not Applicable

Zip

Country

**32653****USA**

Zip

Country

**32635****USA**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

**RUTENBERG, BARRY  
2820 NW 31ST TERRACE  
GAINESVILLE FL 32605**

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 re-statuting)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
<b>PD RUTENBERG, BARRY 2820 NW 31ST TERRACE GAINESVILLE FL</b>	<input type="checkbox"/>		
<b>VPD RUTENBERG, KIRSTEN E 2820 NW 31ST TERRACE GAINESVILLE FL 32605</b>	<input checked="" type="checkbox"/>		
<b>STD MCINTOSH, THOMAS P 2134 NW 15TH AVENUE GAINESVILLE FL 32605</b>	<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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Barry B. Rutenberg****04-12-01**

Date

**352-373-8466**

Daytime Phone #

CR2E034 (10/00)