

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90470 001 \*1,200.00

11970



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P94000015087**

**1. Entity Name**  
**ABBOTT & ANDREWS REALTY, INC.**

**Principal Place of Business**  
**35000 EMERALD COAST PARKWAY**  
**DESTIN FL 32541**  
**US**

**Mailing Address**  
**P.O. BOX 30**  
**DESTIN FL 32540**  
**US**

**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip

Country

*c/o Resort Quest International Inc*  
*530 Oak Court Dr Suite 360*  
*Memphis, TN*  
*38117*  
*USA*

**4. FEI Number** **59-3229420**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

TITLE	CEOD	<input type="checkbox"/> Delete
NAME	LEVINE, DAVID L	
STREET ADDRESS	530 OAK COURT DR, STE 360	
CITY-ST-ZIP	MEMPHIS TN 38117	
TITLE	SRVP	<input type="checkbox"/> Delete
NAME	OLIN, JAMES S	
STREET ADDRESS	530 OAK CT DR, STE 360	
CITY-ST-ZIP	MEMPHIS TN 38117	
TITLE	VP/T	<input type="checkbox"/> Delete
NAME	SELBERG, DAVID	
STREET ADDRESS	530 OAK CT DR, STE 360	
CITY-ST-ZIP	MEMPHIS TN 38117	
TITLE	PCOO	<input type="checkbox"/> Delete
NAME	SEYMOUR, EDWARD	
STREET ADDRESS	35000 EMERALD COAST PARKWAY	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	VC	<input checked="" type="checkbox"/> Delete
NAME	ALDY, MARK C	
STREET ADDRESS	530 OAK CT DR., STE. 360	
CITY-ST-ZIP	MEMPHIS TN 38117	
TITLE	VAS	<input checked="" type="checkbox"/> Delete
NAME	STARDARD, KELLEY B	
STREET ADDRESS	530 OAK CT DR., STE 360	
CITY-ST-ZIP	MEMPHIS TN 38117	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP/Con	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	J Scott murray	
STREET ADDRESS	530 oak Court Dr Suite 360	
CITY-ST-ZIP	Memphis, TN 38117	
TITLE	VP/Gen Coun/Sec	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	m Ronald Halpern	
STREET ADDRESS	530 oak Court Dr Suite 360	
CITY-ST-ZIP	Memphis, TN 38117	

**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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)