

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000017392 ✓

1. Entity Name

BUSBEE REALTY, INC.

Principal Place of Business

Mailing Address

6755 S. KANNER HWY.  
STUART FL 34997  
US

6755 S. KANNER HWY.  
STUART FL 34997-7418  
US

2. Principal Place of Business

3. Mailing Address

1567 SW Shady Lakes Terr.

1567 SW Shady Lakes Terr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Palm City, FL

Palm City, FL

Zip

Country

Zip

Country

34990 USA

34990 USA

4. FEI Number

65-0471784

Applied For

Not Applicable

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

BUSBEE, CAROLYN ANN  
1567 SW SHADY LAKES TERRACE  
PALM CITY FL 34990

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, 2000 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	D BUSBEE, CAROLYN ANN 1567 SW SHADY LAKES TERRACE PALM CITY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

*Carolyn Ann Busbee*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/13/00 (561)288-1330  
Date Daytime Phone #

**FILED**  
**Jul 05, 2000 8:00 am**  
**Secretary of State**

06-20-2000 90001 002 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

CR 1034 (1-99)