FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Mar 12, 2001 8:00 am DOCUMENT # P94000049576 **Secretary of State** 1. Entity Name HARBERT REALTY SERVICES OF FLORIDA, INC. 03-12-2001 90446 007 ***150.00 Principal Place of Business Mailing Address 601 S. LAKE DESTINY ORLANDO FL 32751 1901 6TH AVENUE NORTH 939844 SUITE 2001 BIRMINGHAM AL 35203 2. Principal Place of Business 3. Mailing Address 100 No TAMPA ST #307 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE IAMPA Applied For City & State 4. FEI Number 63-1126826 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired <u> 33602</u> USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Delete ☐ Change Addition TITLE TITLE NAME LYNCH, HARRY STREET ADDRESS STREET ADDRESS 1901 6TH AVE. NORTH, SUITE 2520 CITY-ST-ZIP CITY-ST-ZIP **BIRMINGHAM AL 35203** ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME FINDLEY, KENNETH STREET ADDRESS STREET ADDRESS 1901 6TH AVE. NORTH, SUITE 2520 CITY-ST-ZIP CITY-ST-ZIP **BIRMINGHAM AL 35203** ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME BROOKE, WILLIAM W STREET ADDRESS STREET ADDRESS 1 RIVERCHASE PARKWAY SOUTH CITY-ST-ZIP CITY-ST-ZIP **BIRMINGHAM AL** ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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: MALY C. ECHOLS 3-7-01 305-323-2020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

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