

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90018 049 ***150.00

DOCUMENT # P94000049576

1. Entity Name
HARBERT REALTY SERVICES OF FLORIDA, INC.

Principal Place of Business

**100 NORTH TAMPA STREET
 #307
 TAMPA FL 33602
 US**

Mailing Address

**1901 6TH AVENUE NORTH
 SUITE 2001
 BIRMINGHAM AL 35203**

2. Principal Place of Business

5415 MARINER S

3. Mailing Address

Suite, Apt. #, etc.
Suite 103

Suite, Apt. #, etc.

Suite 103

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33609

Country

USA

Zip

35203

Country

USA

4. FEI Number

63-1126826

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301**

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 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **LYNCH, HARRY**
 STREET ADDRESS **1901 6TH AVE. NORTH, SUITE 2520**
 CITY-ST-ZIP **BIRMINGHAM AL 35203**

TITLE **D** ☐ Delete
 NAME **FINDLEY, KENNETH**
 STREET ADDRESS **1901 6TH AVE. NORTH, SUITE 2520**
 CITY-ST-ZIP **BIRMINGHAM AL 35203**

TITLE **C** ☐ Delete
 NAME **BROOKE, WILLIAM W**
 STREET ADDRESS **1 RIVERCHASE PARKWAY SOUTH**
 CITY-ST-ZIP **BIRMINGHAM AL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-02

Date

(205) 323-2020

Daytime Phone #

CR2E034 (9/01)