

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000060211**

1. Entity Name

LAWYERS REALTY GROUP, INC.**FILED**
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90058 014 ***150.00

Principal Place of Business

Mailing Address

**2500 NORTH MILITARY TRAIL
SUITE 102
BOCA RATON FL 33431
US****2500 N. MILITARY TRAIL
SUITE 102
BOCA RATON FL 33432-6033
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3511 NE 22nd Avenue

3. Mailing Address

3511 NE 22nd Avenue

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

Suite 100

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

Zip

33308

Country

USA

Zip

33308

Country

USA

4. FEI Number

65-0550669

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

**RUDD, JAMES D
2500 N. MILITARY TRAIL
BOCA RATON FL 33431**

Name

JAMES D. RUDD

Street Address (P.O. Box Number is Not Acceptable)

3511 NE 22nd Avenue, Suite 100

City

Fort Lauderdale**FL**

Zip Code

33308

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

5-1-009. 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PDST	TITLE	PDST
NAME	RUDD, JAMES D.	NAME	RUDD, JAMES D.
STREET ADDRESS	2500 N MILITARY #102	STREET ADDRESS	3511 NE 22nd Avenue, Suite 100
CITY-ST-ZIP	BOCA RATON FL	CITY-ST-ZIP	Fort Lauderdale, Florida 33308
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-1-00

Daytime Phone #

954-281-7107

CR2E034 (9/99)