

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2001 8:00 am**  
**Secretary of State**  
 04-03-2001 90108 029 \*\*\*150.00

DOCUMENT # **P9400003445**

1. Entity Name

**Paradise Referral Real Estate Co. Inc**

Principal Place of Business

**5236 Calle Menorca  
 SARASOTA, FL  
 34242**

Mailing Address

**Lois Hekker  
 7794 Holiday DR.  
 SARASOTA, FL.  
 34231-5314**

**A0041822**

2. Principal Place of Business

**153 Avenida Messina**

3. Mailing Address

Suite, Apt. #, etc.

**SARASOTA**

City & State

**FL**

4. FEI Number

**650518738**

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

**34242**

Country

**SARASOTA**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**Lois M. Hekker, Broker  
 7794 Holiday Drive  
 SARASOTA, FL, 34231-5314**

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, 2001 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 **P; S; T** ☐ Delete  
 NAME **Lois M. Hekker**  
 STREET ADDRESS **7794 Holiday Drive**  
 CITY-ST-ZIP **SARASOTA, FL, 34231-5314**

TITLE **V-P** ☐ Delete  
 NAME **William C. Bohack**  
 STREET ADDRESS **7794 Holiday Drive**  
 CITY-ST-ZIP **SARASOTA, FL, 34231-5314**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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  
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 CITY-ST-ZIP

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 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:

**Lois M. Hekker**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**03-23-01 941-349-9800**

CR2E034 (11/00)