

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90067 041 \*\*\*150.00

**DOCUMENT # P94000068891**

1. Entity Name

**SINGER ISLAND EXCLUSIVE PROPERTIES, INC.**

**C0007960**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**2655 NORTH OCEAN DRIVE**  
**BOX #3**  
**SINGER ISLAND FL 33404**  
**US**

Mailing Address  
**2655 NORTH OCEAN DRIVE**  
**BOX #3**  
**SINGER ISLAND FL 33404**  
**US**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number **65-0523636**  
 Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**GREAR, IRVING**  
**4000 N. OCEAN DR.**  
**RIVIERA BEACH FL 33404**

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	VPBD	<input type="checkbox"/> Delete
NAME	GREAR, IRVING	
STREET ADDRESS	4000 N. OCEAN DR.	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE	P	<input type="checkbox"/> Delete
NAME	GREAR, ROSELYN	
STREET ADDRESS	4000 N. OCEAN DR.	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE	T	<input type="checkbox"/> Delete
NAME	WOLF, JAN	
STREET ADDRESS	4011 NE 93RD AVE	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONTE, LINDA	
STREET ADDRESS	14243 BLACKBERRY DRIVE	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Irving Grear* **IRVING GREAR**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/10/01*  
 Date

*561-848-2381*  
 Daytime Phone #

CR2E034 (10/00)

0622091