2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000070297

1. Entity Name

COPELAND REAL ESTATE, INC.

FILED Jan 19, 2001 8:00 am Secretary of State 01-19-2001 90009 013 ***150.00

						01-	19-2001 9000	9 013	13	0.00		
Principal Plac 707 S.E. THIRD SUITE 101 FT. LAUDERDAL	AVE.	Mailing Address 707 S.E. THIRD AVE. SUITE 101 FT. LAUDERDALE FL 33316			A0006188							
2. Principal P	Place of Business	3. Mailing Address			\dashv							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE							
City & State	re	City & State			4.	FE1 Number	65-0540914	.		 	oplied For	
Zip	Country	Zip	try	5. Certificate of Status Desired See Required Fee Required						ditional		
	6. Name and Address of Current R	eaistered Agent	J		7.	Name and A	ddress of New F	ealstere				
	The second second	* : · • • • • • • • • • • • • • • • • • •	_	Name								
707 \$	MBLISS, LINDA S.E. THIRD AVE. E 101			Street Address (P.O. Box Number is Not Acceptable)								
	AUDERDALE FL 33316			City					L	Zip Cod	le	
	named entity submits this statement for			•					_			
	Signature, typed or printed name of registered agent an oration is eligible to satisfy its Intangible	FILE NOW	!!! FEE			1	tion Campaign Fir	DAT	E	\$5.0	10 May Be	
	requirement and elects to do so. ria on back)	After MAY 1, 20 Make Check Payal		.00 Trust Fund Contribution Added to Fe						d to Fees		
11.	OFFICERS AND D		12.		A	DDITIONS/C	HANGES TO OFF	ICERS A				
TITLE	D	☐ Delete	TITLE	1						Change	Addition	
NAME STREET ADDRESS	JACKSON, WILLIAM 6251 A NORTH DIXIE HIGHWAY			ET ADDRESS								
CITY-ST-ZIP	FT LAUDERDALE FL		CITY-	-ST-ZIP								
TITLE	P	☐ Delete	TITLE	l l						Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	DISQUE, PHILIP A 707 SE 3RD AVE STE 400 FT LAUDERDALE FL			ET ADDRESS -ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		•		-	ونيه د	·		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	1	l l						Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete								Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete								Change	Addition	
indicated	certify that the information supplied with to this report or supplemental report is to poration or the receiver or trustee empower, or on an adachment with an address, with the company of the supplemental types on PRI	rue and accurate and that r	my signat : as requir !. PH1	ure shall have the day Chapter 6	ne same 807, Flor	e legal effect a rida Statutes;	as if made under .	oath; tha e appea	it I am a irs in Bio	n officer ock 11 o	or director r Block 12 if	