

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90242 009 ***150.00

DOCUMENT # P95000019127

1. Entity Name

ACCUMEN REALTY, INC.

Principal Place of Business

Mailing Address

**1260 NO. ATLANTIC BLVD.
 DAYTONA BEACH FL 32118**

**P.O. BOX 265174
 DAYTONA FL 32126-5174
 US**

2. Principal Place of Business

100 EAST GRANADA BLVD.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

ORMOND BEACH, FL

City & State

Zip

32176

Country

US

Zip

Country

4. FEI Number

59-3302424

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REINMAN, JAMES L ESQ.
 REINMAN, MATHESON, KOSTRO & VAUGHAN, P.A.
 400 S. ATLANTIC AVE., STE 112
 ORMOND BEACH FL 32176**

Name
VAUGHAN, KATHRYN, ESQ.
 Street Address (P.O. Box Number is Not Acceptable)

110 EAST GRANADA BLVD., SUITE 104
 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]*

Signature, typed or printed name of registered agent and title, applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/00

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, 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

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **KANDEL, MARTIN M**
 CITY-ST-ZIP **21 RIVER RIDGE TRAIL**
ORMOND BEACH FL 32174

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

TITLE ☐ Delete
 NAME **VPD**
 STREET ADDRESS **HARRIGAN, DONAL**
 CITY-ST-ZIP **3606 S. PENISULA DRIVE #812**
PORT ORANGE FL

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **3234 VAILVIEW DR**
 CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00
 Date

(904) 257-2026
 Daytime Phone #

CR2E034 (9/99)