

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000050510

1. Entity Name

CENTRECORP REALTY SERVICES, INC.

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90071 034 \*\*\*150.00

Principal Place of Business	Mailing Address
2401 PGA BLVD SUITE 280 PALM BEACH GARDENS FL 33410	2401 PGA BLVD SUITE 280 PALM BEACH GARDENS FL 33410-3516

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0759197**

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

**BARKDULL, JAYNE REGISTER**  
**2401 PGA BLVD**  
**SUITE #280**  
**PALM BEACH GARDENS FL 33410**

Name **David J. Wiener, Esq.**  
Street Address (P.O. Box Number is Not Acceptable)  
**2401 PGA Boulevard**  
**Suite 280**  
City **Palm Beach Gardens** **FL** Zip Code **33410**

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

1-20-00

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 **DP**  
STREET ADDRESS **PRESTON, JOHN W.S.**  
CITY-ST-ZIP **2401 PGA BLVD SUITE 280**  
**PALM BEACH GARDENS FL 33410**

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

TITLE ☐ Delete  
NAME **DS**  
STREET ADDRESS **GREEN, ROBERT S**  
CITY-ST-ZIP **2851 JOHN STREET, SUITE ONE**  
**MARKHAM, ONTARIO, CANADA L3R5R7**

TITLE ☒ Change ☐ Addition  
NAME **DVS**  
STREET ADDRESS **Green, Robert S.**  
CITY-ST-ZIP **2851 John Street, Suite One**  
**Markham, Ontario L3R5R7 Canada**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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:

By: **JOHN W.S. PRESTON**  
**JOHN W.S. PRESTON, President**

01-20-00

Date

561-624-9500

Daytime Phone #

CR2E034 (9/99)