

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000053729

1. Entity Name

FALKLAND REALTY, INC.

FILED

Feb 28, 2000 8:00 am  
Secretary of State

02-28-2000 90140 001 \*\*\*450.00

Principal Place of Business

Mailing Address:

1516 CROOKED STICK DR.  
VALRICO FL 33594

813 E. BLOOMINGDALE AVE.  
#303  
BRANDON FL 33511-8113

2. Principal Place of Business

6700 SOUTH FLORIDA AVE

3. Mailing Address

PMB 265 813 E. BLM AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 10

City & State

LAKE LAND FL

City & State

BRANDON FL

Zip

33813

Country

USA

Zip

33511

Country

USA

4. FEI Number

65-0607467

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

OBODICH, ROGER R.  
10254 ALLENWOOD DR  
RIVERVIEW FL 33569

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, 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PST  
CLEARY, CHRISTOPHER J  
15900 EDGEFIELD RD  
W PALM BEACH FL 33414 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
1516 CROOKED STICK DR  
VALRICO FL 33594 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AVP  
OBODICH, ROGER R.  
10254 ALLENWOOD DR  
RIVERVIEW FL 33569 ☐ Delete

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

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

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/00 941 607 9165

CR2E034 (9/99)