

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000004578

1. Entity Name

REAL ESTATE INVESTMENT CORPORATION

Principal Place of Business

~~800 GULF BREEZE PARKWAY~~
~~GULF BREEZE FL 32561~~
US

Mailing Address

PO BOX 12063
PENSACOLA FL 32590
US

2. Principal Place of Business

815 S. Palafox St

3. Mailing Address

Suite, Apt. #, etc.

City & State

Pensacola, FL

City & State

Zip

32501

Country

US

Country

4. FEI Number 59-3354613

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

LOZIER, DANIEL R
125 W ROMANA STREET
SUITE 222
PENSACOLA FL 32501

Name

Street Address (P.O. Box Number is Not Acceptable)

24 West Chase St.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME MATTHEWS, JOHNNY
STREET ADDRESS 804 S PALAFOX
CITY-ST-ZIP PENSACOLA FL

TITLE ☒ Change ☐ Addition
NAME 815 S. Palafox
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME RUSSENBERGER, RAY
STREET ADDRESS 804 S PALAFOX
CITY-ST-ZIP PENSACOLA FL

TITLE ☒ Change ☐ Addition
NAME 815 S. Palafox
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☒ Delete
NAME MATTHEW, DONNA
STREET ADDRESS 804 S PALAFOX
CITY-ST-ZIP PENSACOLA FL 32501

TITLE ☒ Change ☐ Addition
NAME 815 S. Palafox
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Johnny Matthews
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/01 (850) 469-9909
Date Daytime Phone Ext 1315

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90165 044 ***150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)