

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2000 8:00 am**  
**Secretary of State**

02-10-2000 90034 046 \*\*\*150.00

**DOCUMENT # P96000010943**

1. Entity Name

**CARLYLE REALTY, INC.**

Principal Place of Business

Mailing Address

8000 HWY A1A  
 VERO BEACH FL 32963-4216  
 US

8000 HWY A1A  
 VERO BEACH FL 32963-4216  
 US

60917355



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7777 North A1A

3. Mailing Address

7777 North A1A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Vero Beach, Florida

City & State

Vero Beach, Florida

4. FEI Number

65-0639585

Applied For

Not Applicable

Zip

32963

Country

USA

Zip

32963

Country

USA

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

**JECK, PHILIPPE ESQ**  
**C/O JECK, HARRIS & JONES, LLP**  
**1061 E INDIANTOWN RD, STE 400**  
**JUPITER FL 33477**

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 **PTSD** ☐ Delete  
 NAME **SIMPSON, R. MASON**  
 STREET ADDRESS **25 SADDLEBACK ROAD**  
 CITY-ST-ZIP **TEQUESTA FL 33469**

TITLE ☐ Change ☐ \*  
 NAME **Simpson, R. Mason**  
 STREET ADDRESS **1736 Ocean Drive**  
 CITY-ST-ZIP **Vero Beach, Florida 32963**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ \*  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE ☐ Change ☐ \*  
 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 changed, or on an attachment with an address, with all other like empowered.

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

02 / 01 / 2000

(561) 231-3131

Date

Daytime Phone #