

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000011268

1. Entity Name
KOGER REALTY, INC.

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90369 043 ***550.00

Principal Place of Business

Mailing Address

1000 RIVERSIDE AVE
SUITE 555
JACKSONVILLE FL 32204

1000 RIVERSIDE AVE
SUITE 555
JACKSONVILLE FL 32204

769358



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4160 BOULEVARD CENTER DR
Suite, Apt. #, etc.

4160 BOULEVARD CENTER DR
Suite, Apt. #, etc.

City & State

City & State

JACKSONVILLE FL
Zip 32207 Country

JACKSONVILLE FL
Zip 32207 Country

4. FEI Number 59-3559843

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

BOLING, JOHN L
1000 RIVERSIDE AVE
SUITE 555
JACKSONVILLE FL 32204

Name DONALD A. PADGETT

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

4160 BOULEVARD CENTER DR
City JACKSONVILLE FL Zip Code 32207

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 Donald A. Padgett

(NOTE: Registered Agent signature required when reinstating)

5/15/01 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	D	<input type="checkbox"/> Delete
NAME	KOGER, IRA M	
STREET ADDRESS	133 BEACH AVENUE	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	
TITLE		<input type="checkbox"/> Delete
NAME	PADGETT, DONALD	
STREET ADDRESS	133 BEACH AVENUE	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4160 BOULEVARD CENTER DR	
STREET ADDRESS	JACKSONVILLE, FL	
CITY-ST-ZIP	32207	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Donald A. Padgett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/01 Date 904/642-9150 Daytime Phone #

0011569

CR2E034 (10/00)