2001 UNIFORM BUSINESS REPORT (UBR)

May 03, 2001 8:00 am DOCUMENT # P96000047577 Secretary of State SEARCY REALTY GROUP, INC. 05-03-2001 91099 042 ***150.00 Principal Place of Business Mailing Address 1402 WILLOW OAK CIRCLE 1402 WILLOW OAK CIRCLE UUU447U3 BRADENTON FL 34209 **BRADENTON FL 34209** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0676525 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HARRISON, G J 1206 MANATEE AVE WEST **BRADENTON FL 34205** 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) ☐ Change TITLE Delete TITLE SEARCY, HERMAN NAME NAME STREET ADDRESS 1402 WILLOW OAK CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34209** ☐ Change ☐ Addition TITLE TITLE □ Delete REHA, DARRELL NAME NAME STREET ADDRESS STREET ADDRESS P O BOX 4002 N/A CITY-ST-7IP CITY-ST-ZIP SARASOTA FL 34230 TITLE Addition ☐ Delete TITE F MABRY, BYRAN NAME NAME STREET ADDRESS STREET ADDRESS P O BOX 116 N/A CITY-ST-ZIP CITY-ST-ZIP PALMETTO FL 34220-0116 Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-4/24/0

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