

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000066606

1. Entity Name

FLORIDA GULF REALTY GROUP, INC.

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

04-10-2000 90085 046 \*\*\*150.00

Principal Place of Business

Mailing Address

8695 COLLEGE PKWY  
#318  
FORT MYERS FL 33919  
US

5260 SOUTH LANDINGS DRIVE #501  
FORT MYERS FL 33919-4675  
US

934455



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

8695 College Pkwy  
#318

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ft. Myers, FL

4. FEI Number

65-0687783

Applied For

Not Applicable

Zip

Country

Zip

Country

33919

US

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

CHALFANT-TEEGUARDEN, MARILYNN  
5260 SOUTH LANDINGS DRIVE #501  
FORT MYERS FL 33919

Name

Chalfant-Teegarden, Marilyn

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

8695 College Pkwy #318

City

Ft. Myers

FL

Zip Code

33919

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

Leah Boushaid

Vice President

04/15/00

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	P	<input type="checkbox"/> Delete
NAME	CHALFANT-TEEGUARDEN, MARILYNN	
STREET ADDRESS	5260 SOUTH LANDINGS DRIVE #501	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BOUCHARD, LEAH	
STREET ADDRESS	20870 COUNTRY CREEK BLVD., #221	
CITY-ST-ZIP	ESTERO FL 33928	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1129 N. Town + River Dr.	
CITY-ST-ZIP	Ft. Myers, FL. 33919	
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:

Leah Boushaid

Vice President 4/15/00

941-

433-1772

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)