

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90107 048 ***150.00

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DOCUMENT # P96000066606

1. Entity Name

FLORIDA GULF REALTY GROUP, INC.

Principal Place of Business

**8695 COLLEGE PKWY
 #318
 FORT MYERS FL 33919
 US**

Mailing Address

**8695 COLLEGE PKWY
 #318
 FORT MYERS FL 33919
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0687783

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CHALFANT-TEEGUARDEN, MARILYNN
 8695 COLLEGE PKWY # 318
 FORT MYERS FL 33919**

7. Name and Address of New Registered Agent

Name **LEAH R. BOUCHARD**
 Street Address (P.O. Box Number is Not Acceptable) **8695 College Pkwy #318**
 City **FORT 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 Bouchard*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/25/02

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, 2002 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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CHALFANT-TEEGUARDEN, MARILYNN	
STREET ADDRESS	1129 N TOWN RIVER DR	
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		

Marilynn Retired.

*Leah is now
 The only officer*

12. ~~PRES.~~ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEAH BOUCHARD	
STREET ADDRESS	20870 CTRY CREEK BLVD #221	
CITY-ST-ZIP	ESTERO, FL 33928	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME AS ABOVE	
STREET ADDRESS	AND BEFORE	
CITY-ST-ZIP		
TITLE	Sec	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAME AS ABOVE	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAME AS ABOVE	
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 Bouchard* **LEAH BOUCHARD** *3/25/02* **239-433-1772**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)