

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000100972

1. Entity Name

UNITED REALTY INVESTMENTS, INC.

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90088 043 \*\*\*150.00

Principal Place of Business

931 N. STATE ROAD 434  
STE 1201-240  
ALTAMONTE SPRINGS FL 32714  
US

Mailing Address

931 N. STATE ROAD 434  
STE 1201-240  
ALTAMONTE SPRINGS FL 32714-7022  
US

2. Principal Place of Business

457 APRIL LANE

3. Mailing Address

457 APRIL LANE

Suite, Apt. #, etc.

NONE

Suite, Apt. #, etc.

NONE

City & State

APOPKA, FL

City & State

APOPKA, FL

Zip

32712

Country

USA

Zip

32712

Country

USA

4. FEI Number

59-3418599

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

FMURPHY, M T  
931 N SR 434  
STE 1201-240  
ALTAMONTE SPGS FL 32714

Name

MURPHY, MICHAEL T

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

457 APRIL LANE

City

APOPKA

FL

Zip Code

32712

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

MICHAEL T. MURPHY

(NOTE: Registered Agent signature required when reinstating)

DATE

4/18/00

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	PSTD	<input type="checkbox"/> Delete
NAME	MURPHY, MICHAEL T	
STREET ADDRESS	931 N. STATE ROAD 434, SUITE 1201-240	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MURPHY, LAURA R	
STREET ADDRESS	931 N. STATE ROAD 434, SUITE 1201-240	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, MICHAEL T	
STREET ADDRESS	457 APRIL LANE	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, LAURA R.	
STREET ADDRESS	457 APRIL LANE	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

MICHAEL T. MURPHY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/00 (407)257-1705

CR2E034 (9/99)