

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000040435

1. Entity Name
MONTANA REALTY COMPANY

FILED
Mar 16, 2001 8:00 am
Secretary of State
03-16-2001 90068 035 ***150.00

Principal Place of Business
**73 SOUTH PALM AVENUE
SUITE 223
SARASOTA FL 34236**

Mailing Address
**1684 BRIDGEWATER DRIVE
LAKE MARY FL 32746
US**

00026015



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
475 S. PALM AVE

3. Mailing Address
475 S. PALM AVE

Suite, Apt. #, etc.
Suite 210A

Suite, Apt. #, etc.
Suite 210A

City & State
SARASOTA FL

City & State
SARASOTA FL

Zip
34236

Country
U.S.A.

Zip
34236

Country
U.S.A.

4. FEI Number **65-0751439**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

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

City **FL** 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.

SIGNATURE _____
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, 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 NAME STREET ADDRESS CITY-ST-ZIP	D MEIER, LEE R 1684 BRIDGEWATER DRIVE LAKE MARY FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TICHENOR, ROGER A 1684 BRIDGEWATER DRIVE LAKE MARY FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **3-13-01 944-954-4481**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)