

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000043285

1. Entity Name

VOTAW REALTY CO.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90045 006 ***150.00

Principal Place of Business

14 E WASHINGTON ST. SUITE 500
ORLANDO FL 32801

Mailing Address

14 E WASHINGTON ST. SUITE 500
ORLANDO FL 32801-2320

2. Principal Place of Business

1325 W. Colonial Dr.
Suite, Apt. #, etc.

3. Mailing Address

1325 W. Colonial Dr.
Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

59-3455264

Applied For

Not Applicable

Zip

32804

Country

Orange

Zip

32804

Country

Orange

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANTHONY, ROBERT W
14 E WASHINGTON ST, SUITE 500
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

Robert W. Anthony

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

1325 W. Colonial Dr.

City

Orlando

FL

Zip Code

32804

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-28-00

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

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	ANTHONY, ROBERT W	
STREET ADDRESS	14 E WASHINGTON ST, SUITE 500	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert Anthony
President

4-28-00

Date

407 8720200

Daytime Phone #

CR2E034 (9/99)