

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000049439

1. Entity Name

GHD REALTY, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90120 005 ***150.00

Principal Place of Business

Mailing Address

STE. 1, 5117 CASTELLO DR.
NAPLES FL 34103

STE. 1, 5117 CASTELLO DR.
NAPLES FL 34133-0279

C0040546



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

28000 Spanish Wells Blvd
Suite, Apt. #, etc.
200

3. Mailing Address

P.O. Box 279
Suite, Apt. #, etc.

City & State
Bonita Springs, FL
Zip
34135
Country

City & State
Bonita Springs, FL
Zip
34133
Country

4. FEI Number 65-0756653

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

AMBURN, JAMES
STE. 1, 5117 CASTELLO DR.
NAPLES FL 34103

Name
Street Address (P.O. Box Number is Not Acceptable)
28000 Spanish Wells Blvd
Suite 200
City
Bonita Springs FL Zip
34135

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	DRESTE, HEINZ	STE. 1, 5117 CASTELLO DR.	NAPLES FL 34103	<input type="checkbox"/> Delete	DPT	DRESTE, HEINZ	28000 Spanish Wells Blvd - Ste 200	Bonita Springs, FL 34135	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D	DRESTE, GERTRAUDE	STE. 1, 5117 CASTELLO DR.	NAPLES FL 34103	<input type="checkbox"/> Delete	DVS	DRESTE, GERTRAUDE	28000 Spanish Wells Blvd - Ste 200	Bonita	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Gertraude Dreste 2-24-00 941-992-3355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E014 (1/98)