

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2000 8:00 am
Secretary of State
 01-24-2000 90017 037 ***150.00

DOCUMENT # P97000074306

1. Entity Name

SWANEPOEL REALTY INC.

Principal Place of Business

Mailing Address

~~50 DUNBAR RD~~
 PALM BEACH GARDENS FL 33418

~~50 DUNBAR RD~~
 PALM BEACH GARDENS FL 33418-8220

2. Principal Place of Business

243 CANTERBURY CIRCLE
 Suite, Apt. #, etc.

3. Mailing Address

243 CANTERBURY CIRCLE
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PALM BEACH GARDENS, FLORIDA
 Zip 33418 Country PALM BEACH

City & State

PALM BEACH GARDENS, FL
 Zip 33418 Country PALM BEACH

4. FEI Number

65-0777970

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SWANEPOEL, CATHERINE T
~~50 DUNBAR RD~~ 243 CANTERBURY CIRCLE
 PALM BEACH GARDENS FL 33418

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

Catherine T. Swanepoel / CATHERINE T. SWANEPOEL

DATE

1/6/00

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

TITLE P
 NAME SWANEPOEL, CATHERINE T
 STREET ADDRESS ~~50 DUNBAR RD~~ 243 CANTERBURY CIRCLE
 CITY-ST-ZIP PALM BEACH GARDENS FL 33418

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 243 CANTERBURY CIRCLE
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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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

Catherine T. Swanepoel CATHERINE T. SWANEPOEL

1/6/00

561-622-0635

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #