

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000078382

1. Entity Name  
BROOKS REALTY, INC.

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**  
05-14-2001 90013 033 \*\*\*158.75

Principal Place of Business  
3451 BONITA BAY BOULEVARD  
SUITE 202  
BONITA SPRINGS FL 34134

Mailing Address  
3451 BONITA BAY BOULEVARD  
SUITE 202  
BONITA SPRINGS FL 34134-4395



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3466831		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GILKEY, DENNIS E 3451 BONITA BAY BOULEVARD STE 202 BONITA SPRINGS FL 34134		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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DC NAME LUCAS, DAVID STREET ADDRESS 3451 BONITA BAY BOULEVARD STE. 202 CITY-ST-ZIP BONITA SPRINGS FL 34134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DP NAME GILKEY, DENNIS E STREET ADDRESS 3451 BONITA BAY BOULEVARD STE. 202 CITY-ST-ZIP BONITA SPRINGS FL 34134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DST NAME SCHESTAG, HARVEY R STREET ADDRESS 3451 BONITA BAY BOULEVARD STE. 202 CITY-ST-ZIP BONITA SPRINGS FL 34134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME SANDOR, GARY M STREET ADDRESS 3451 BONITA BAY BOULEVARD STE. 202 CITY-ST-ZIP BONITA SPRINGS FL 34134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE AV NAME BLOSSER, JOHN S STREET ADDRESS 3451 BONITA BAY BOULEVARD STE. 202 CITY-ST-ZIP BONITA SPRINGS FL 34134	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harvey R. Schestag

Date

Daytime Phone # 1

(941) 495-1000

CR2E034 (10/00)