

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000093012

1. Entity Name

STREICHER REALTY, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90124 037 ***150.00

Principal Place of Business

2720 NW 55 CT.
FT. LAUDERDALE FL 33309

Mailing Address

644 S.E. 4TH AVENUE
FORT LAUDERDALE FL 33301-3102
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0797838

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GOLDEN, SCOTT
644 S.E. 4TH AVE.
FT. LAUDERDALE FL 33301

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, 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	DAS	<input type="checkbox"/> Delete
NAME	GOLDEN, E. SCOTT	
STREET ADDRESS	644 SE 4TH AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	D	<input type="checkbox"/> Delete
NAME	MURPHY, JOSEPH M	
STREET ADDRESS	900 N. FEDERAL HWY., SUITE 480	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'NEIL, JOHN H JR.	
STREET ADDRESS	601 BRICKELL KEY DR.	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	VT	<input type="checkbox"/> Delete
NAME	BARRETT, WALTER B	
STREET ADDRESS	2720 NW 55TH CT	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
TITLE	DPS	<input type="checkbox"/> Delete
NAME	STREICHER, STANLEY H	
STREET ADDRESS	2720 NW 55TH CT.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WALTER B. BARRETT

Date

Daytime Phone #

4-26-00

954/739-3880

CR2E034 (9/99)