## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **P97000094628** Mar 04, 2000 8:00 am 1. Entity Name **Secretary of State** MILITARY TRAIL REALTY HOLDINGS, INC. 03-04-2000 90060 018 \*\*\*150.00 Principal Place of Business Mailing Address 855 S FEDERAL HWY 855 S FEDERAL HWY SUITE 111 SHITE 111 **BOCA RATON FL 33432-6130** CCFACAAA **BOCA RATON FL 33432** US 2. Principal Place of Business 3. Mailing Address 7251 W. Palmetto Fork D 7251 W. Palvetto Park Rd Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Sevite 206 Sevite 206 Applied For City & State City & State 4. FEI Number 65-0815109 ROTON Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KING, JAMES P Street Address (P.O. Box Number is Not Acceptable) # 20Lo 855 S FEDERAL HWY SUITE 111 **BOCA RATON FL 33432** Zip Code Ratan 8. The above named entity submits this statement for the purpose of panging its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE of registered agent and title if applicable IOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Cleck Payable to Department of State (See criteria on back) П 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTD PTD Change ☐ Addition TITLE TITLE ☐ Delete lames P. Kira NAME KING, JAMES D NAME 7251 W. Palmetto Park Rd. # 206 STREET ADDRESS 555 SOUTH FEDERAL HWY, 3RD FL STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33432** CITY-ST-7IP Boca Rotan, FL 33433 ☐ Addition ☐ Delete TITLE TITLE Fredric D. Newman NEWMAN, FREDERIC D NAME NAME 7251 W Palnetto Park Rd. #201 STREET ADORESS STREET ADDRESS 555 SOUTH FEDERAL HWY, 3RD FL CITY-ST-ZIP **BOCA RATON FL 33432** CITY-ST-ZIP Change ☐ Addition ☐ Delete - ---TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITL € NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

Daytime Phone #

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR