## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICE

SIGNATURE: \_

## May 03, 2001 8:00 am Secretary of State DOCUMENT # **P97000094628** MILITARY TRAIL REALTY HOLDINGS, INC. 05-03-2001 90922 024 \*\*\*150.00 Principal Place of Business Mailing Address 7251 W PALMETTO PARK RD 7251 W PALMETTO PARK RD 131041 206 **BOCA RATON FL 33433 BOCA RATON FL 33433** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0815109 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KING, JAMES P Street Address (P.O. Box Number is Not Acceptable) 7251 W PALMETTO PARK RD 206 **BOCA RATON FL 33433** Zip Code City 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) 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PTD ☐ Change X Addition TITLE Delete TITLE Schlubach, Anita NAME KING, JAMES D NAME 7251 W. Fournetto Park Rd., #206 STREET ADDRESS STREET ADDRESS 7251 W PALMETTO PARK RD #206 CITY-ST-ZIP CITY-ST-ZIP Rotton FL **BOCA RATON FL 33433** Delete TITLE Change TITLE NAME NEWMAN, FREDERIC D NAME STREET ADDRESS STREET ADDRESS 7251 W PALMETTO PARK RD #201 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** Addition\_ TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

4 26 01 (Sol) 362 - 7829
Date Date Daylime Phone #