

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90181 006 ***158.75

DOCUMENT # P97000097366

1. Entity Name
NAVARRE REALTY, INC.

Principal Place of Business

8287 NAVARRE PKWY
NAVARRE FL 32566
US

Mailing Address

8287 NAVARRE PARKWAY
NAVARRE FL 32566
US

00038695



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

3024 VIA CONQUISTADORES

Suite, Apt. #, etc.

City & State

NAVARRE FLORIDA

Zip

32566

Country

US

4. FEI Number 59-3478328

Applied For

Not Applicable

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

MURPHY, BILL L
8287 NAVARRE PARKWAY
NAVARRE FL 32566

Name MURPHY, BILL L. (SAME)

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

3024 VIA CONQUISTADORES

City NAVARRE

FL

Zip Code 32566

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's 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, 2001 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	P	<input type="checkbox"/> Delete
NAME	MURPHY, BROCK G	
STREET ADDRESS	8287 NAVARRE PARKWAY	
CITY-ST-ZIP	NAVARRE FL 32566	
TITLE	VS	<input type="checkbox"/> Delete
NAME	MURPHY, JANET L	
STREET ADDRESS	8287 NAVARRE PARKWAY	
CITY-ST-ZIP	NAVARRE FL 32566	
TITLE	VT	<input type="checkbox"/> Delete
NAME	MURPHY, BIL L	
STREET ADDRESS	8287 NAVARRE PARKWAY	
CITY-ST-ZIP	NAVARRE FL 32566	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	3024 VIA CONQUISTADORES
CITY-ST-ZIP	NAVARRE FL 32566
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	3024 VIA CONQUISTADORES
CITY-ST-ZIP	NAVARRE FL 32566
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	3024 VIA CONQUISTADORES
CITY-ST-ZIP	NAVARRE FL 32566
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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

BILL L. MURPHY, VT

Date

4/12/01

Daytime Phone #

850 939 0472

CR2E034 (10/00)