

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90113 030 ***150.00

652132

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P97000099098**
 1. Entity Name **Runway Commercial Properties, Inc**

Principal Place of Business **537 NE 1st Street - #3 Gainesville, Florida 32601**
 Mailing Address **P.O. Box 2727 Gainesville, Fla 32602**

2. Principal Place of Business **537 NE 1st Street Suite # 3 Gainesville, Florida 32601**
 3. Mailing Address **P.O. Box 2727 Gainesville, Florida 32602**

4. FEI Number **59-3480360**
 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

Phil S. Witka -
537 N.E. 1st Street - #3
Gainesville, Fla 32601

Name **N/A**
 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 **Phil S. Witka**
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/29/00
 DATE

9. This corporation is eligible to satisfy its intangibles 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	Phil S. Witka, President,	<input type="checkbox"/> Delete
NAME	Secretary, Treasurer, Director	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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
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
NAME		
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: **Phil S. Witka**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/00
 Date

Daytime Phone #

CR2E034 (9/99)

P97000099098

652132

4/27/00

CORPORATE DETAIL RECORD SCREEN

11:48 AM

NUM: P97000099098 ST:FL ACTIVE/FL PROFIT FLD: 11/20/1997

FEI#: 59-3480360

NAME : GREENWAY COMMERCIAL PROPERTIES, INC.

PRINCIPAL: 537 N.E. 1ST ST.

ADDRESS SUITE 3 P.O. BOX 2727

GAINESVILLE, FL 32602

RA NAME : WITEKA, PHILIP S ESQ.

RA ADDR : 537 N.E. 1ST ST.

SUITE 3

GAINESVILLE, FL 32602

ANN REP : (1998) B 02/27/98 (1999) A 02/20/99

1. MENU, 3. OFFICERS, 7. LIST, 8. NEXT, 9. PREV

ENTER SELECTION AND CR:

4/27/00

OFFICER/DIRECTOR DETAIL SCREEN

11:48 AM

CORP NUMBER: P97000099098 CORP NAME: GREENWAY COMMERCIAL PROPERTIES, INC.

TITLE: PD NAME: WITEKA, PHILIP S

537 N.E. 1ST ST. P.O. BOX 2727

GAINESVILLE, FL 32602

TITLE: STD NAME: WITEKA, PHILIP S

537 N.E. 1ST ST.

GAINESVILLE, FL 32602

+ NEXT, - PREV, 1. MENU, 2. FILING, 3. TOP
7. LIST, 8. NEXT BY LIST, 9. PREV BY LIST

ENTER SELECTION AND CR: