2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 28, 2001 8:00 am Secretary of State DOCUMENT # **P97000102324** MAYO REALTY TRUST, INC. 2-28-2001 90091 049 ***150.00 Principal Place of Business Mailing Address 980 NORTH FEDERAL HIGHWAY 980 NORTH FEDERAL HIGHWAY UUUGUYJZ SUITE 410 SUITE 410 BOCA RATON FL 33432 **BOCA RATON FL 33432** 2. Principal Place of Business 3. Mailing Address MURDOCH, RICHARD A MURDOCH, RICHARD A DO NOT WRITE IN THIS SPACE 700 S. FEDERAL HWY, SUITE 200 700 S. FEDERAL HWY, SUITE 200 **BOCA RATON, FL 33432 BOCA RATON, FL 33432** 4. FEI Number Applied For 59-2180007 Not Applicable \$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 MURDOCH, RICHARD A 700 S. FEDERAL HWY, SUITE 200 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON, FL 33432** City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D TITLE 🔽 Change Addition ☐ Delete MURDOCH, RICHARD A NAME NAME MURDOCH, RICHARD A 700 S. FEDERAL HWY, SUITE 200 STREET ADDRESS STREET ADDRESS 700 S. FEDERAL HWY, SUITE 200 **BOCA RATON, FL 33432** CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON, FL 33432** TITLE Change ☐ Addition TITI E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THILE Change ☐ Addition TITLE NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SY-ZIP Addition ☐ Delete 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-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. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Davtime Phone

CR2E034 (10/00)