

2000 UNIFORM BUSINESS REPORT (UBR)

0552330

DOCUMENT # P97000104892

1. Entity Name

FLORIDA ATLANTIC REALTY CORPORATION

FILED

00 MAR 30 PM 4: 10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1117 SCHEFFLERA DRIVE
CAPTIVA FL 33924

875 NORTH MICHIGAN AVENUE
SUITE 3620
CHICAGO IL 60611-1947

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 58-2364045

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANSUR, E B
1117 SCHEFFLERA DRIVE
CAPTIVA FL 33924

Name

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent 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, 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 P
NAME MANSUR, E.B.
STREET ADDRESS 1117 SCHEFFLERA DRIVE
CITY-ST-ZIP CAPTIVA FL 33924 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 200003191552--1
CITY-ST-ZIP -03/31/00--01047--005
***1935.25 ☐ Change ☐ Addition

TITLE T
NAME CORBETT, ROBERT C
STREET ADDRESS 875 N. MICHIGAN
CITY-ST-ZIP CHICAGO IL 60611 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Robert C. Corbett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-00 (312)263-2400

Date

Daytime Phone #

CR2E034 (9/99)