## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **P98000004141** Mar 04, 2000 8:00 am **Secretary of State** STERLING COMMUNITIES REALTY, INC. 03-04-2000 90093 029 \*\*\*150.00 Principal Place of Business Mailing Address 3090 CANTERBURY DRIVE 3090 CANTERBURY DRIVE BOCA RATON FL 33434-3348 **BOCA RATON FL 33434** 3. Mailing Address 2. Principal Place of Business 2700 N. MILITARY TRAIL 2700 N. MILITARY TRAIL Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SHITE 360 Suite 360 City & State Applied For City & State 4. FEI Number 65-0808016 POCH RATON Not Applicable Country \$8.75 Additional Certificate of Status Desired 33431-6359 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SIMON, ERIC A Street Address (PO, Box Number is Not Acceptable) 750 SOUTHEAST THIRD AVENUE SUITE 100 FORT LAUDERDALE FL 33316 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 Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. **か**, らら, T X Change ☐ Addition TITLE COA TITLE ☐ Delete ASFAHL, PAUL W NAME NAME 3090 CANTERBURY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33434** X Addition 100 TITLE ☐ Delete REBECCA GISMONDI NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 33431-6359 CITY-ST-ZIP ☐ Change -- Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete

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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE.

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

J. ASFAHL

2-18-00

561-994-4778

☐ Addition

Daytime Phone #

Change