

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000005171

1. Entity Name

BROAD POINT REALTY, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90007 017 ***150.00

Principal Place of Business

Mailing Address

2825 TAMiami TRAIL
PUNTA GORDA FL 33950

POST OFFICE DRAWER 511447
PUNTA GORDA FL 33951-1447

00000014



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1980 Kings Hwy.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Port Charlotte FL 33980

4. FEI Number

65-0814728

Applied For

Not Applicable

Zip

Country

Zip

33980

Country

USA

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

HACKETT, JACK O II
115 WEST OLYMPIA AVENUE
PUNTA GORDA FL 33950

Name

Donald D. Randolph

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

1980 Kings Hwy

City

Port Charlotte

FL

Zip Code
33980

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

Donald D. Randolph President

5/11/00

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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD KONOVER, RICHARD M 2825 TAMiami TRAIL PUNTA GORDA FL 33950	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Randolph, Donald D. 12495 Kingsway Circle Lake Suzy, FL 34266	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Matot, Raymond M. Jr. 3552 Brooklyn Ave. Port Charlotte, FL 33952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Donald D. Randolph

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-2000

Date

94-255-1249

Daytime Phone #

CR2E034 (9/99)