

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000022819

1. Entity Name

MASON REALTY, INC.

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90003 033 ***550.00

Principal Place of Business

2190 J&C BOULEVARD
NAPLES FL 34109

Mailing Address

2190 J&C BOULEVARD
NAPLES FL 34109

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

59-3547608

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

THOMPSON, STUART A
4501 TAMiami TRAIL NORTH
SUITE 400
NAPLES FL 34103

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PST ☐ Delete	TITLE	P/D ☒ Change ☐ Addition
NAME	MASON, MONICA L	NAME	MASON, MONICA L.
STREET ADDRESS	2190 J & C BLVD	STREET ADDRESS	2190 J & C BLVD.
CITY-ST-ZIP	NAPLES FL 34109	CITY-ST-ZIP	NAPLES, FL 34109
TITLE	☐ Delete	TITLE	V/T/D ☐ Change ☒ Addition
NAME		NAME	MASON, JOSEPH L.
STREET ADDRESS		STREET ADDRESS	2190 J & C BLVD.
CITY-ST-ZIP		CITY-ST-ZIP	NAPLES, FL 34109
TITLE	☐ Delete	TITLE	V/S/D ☐ Change ☒ Addition
NAME		NAME	MULLERSMAN, STEVEN J.
STREET ADDRESS		STREET ADDRESS	2190 J & C BLVD.
CITY-ST-ZIP		CITY-ST-ZIP	NAPLES, FL 34109
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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

STEVEN J. MULLERSMAN 7/19/00 591-0100

Date

Daytime Phone #

CR2E034 (9/99)