2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 18, 2000 8:00 am Secretary of State DOCUMENT # **P98000033923** LAHAINA REALTY, INC. 05-18-2000 90320 044 ***150.00 Principal Place of Business Mailing Address 6035 ESTERO BLVD. 6035 ESTERO BLVD. FT. MYERS BEACH FL 33931-4398 FT. MYERS BEACH FL 33931 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite Apt # etc. Suite, Apt. #, etc. Applied For 4. FÉI Number City & State City & State 65-0841287 Not Applicable _____ Country \$8.75 Additional П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TITUS, JESSICA L Street Address (P.O. Box Number is Not Acceptable) 6035 ESTERO BLVD. FT. MYERS BEACH FL 33931 Zip Code City 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 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change PDT ☐ Delete TITLE TITLE NAME TITUS, JESSICA NAME STREET ADDRESS STREET ADDRESS 300 SEMINOLE WAY CITY-ST-ZIP CITY-ST-ZIP FT. MYERS BEACH FL 33931 Change ☐ Addition ☐ Delete TITLE TITLE NAME TITUS, VINCENT E NAME STREET ADDRESS 300-SEMINOLE WAY =-STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT MYERS BEACH FL 33931 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE 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.