

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000050148**

1. Entity Name

REALTY GROUP INVESTMENTS, INC.**FILED**
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90030 025 ***150.00

Principal Place of Business

Mailing Address

**1188 ROYAL PALM BEACH BOULEVARD
ROYAL PALM BEACH FL 33411****1188 ROYAL PALM BEACH BOULEVARD
ROYAL PALM BEACH FL 33411-1672**

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

65-0842841

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****FUCHS, LAWRENCE M
590 ROYAL PALM BEACH BOULEVARD
ROYAL PALM BEACH FL 33411**

Name

JEFFREY M. ARNETT

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

167 SUNFLOWER CIRCLE

City

ROYAL PALM BEACH

FL

Zip Code

33411

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 of registered agent or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-3-2000
DATE9. 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	NAME	TITLE	NAME
DP	ARNETT, JEFFREY M		
STREET ADDRESS	167 SUNFLOWER CIRCLE		
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411		

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

JEFF ARNETT**02-03-2000**

Date

561-790-0449

Daytime Phone #

CR2E034 (9/99)