

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000057796

1. Entity Name

STODDARD REALTY MANAGEMENT GROUP IV, INC. ✓

Principal Place of Business

6901 W. Okeechobee Blvd, #D
West Palm Beach, FL
33411

Mailing Address

P.O. Box 210608
Royal Palm Beach, FL
33421-0608

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0846689

Applied For

Not Applicable

Zip

Country

Zip

Country

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

James B. Lyon
1881 University Drive
Coral Springs, FL 33071

Name

Bates F. Stoddard

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

6901 W. Okeechobee Blvd, #D

City

West Palm Beach

FL

Zip 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

Bates F. Stoddard, President

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 D, P ☐ Delete
NAME Bates F. Stoddard
STREET ADDRESS 6901 W. Okeechobee Blvd, #D
CITY-ST-ZIP West Palm Beach, FL 33411

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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)(b), 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, as empowered.

SIGNATURE:

Bates F. Stoddard

Bates F. Stoddard

561-799-1010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Sep 05, 2000 8:00 am
Secretary of State

09-05-2000 90028 033 ***550.00

A0071368

DO NOT WRITE IN THIS SPACE