

2000 UNIFORM BUSINESS REPORT (UBR)

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

09-05-2000 90028 025 ***550.00

AC071376

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000057808

1. Entity Name

STODDARD REALTY MANAGEMENT GROUP I, INC.

Principal Place of Business

Mailing Address

11924 W. Forest Hill Blvd
 Wellington, FL 33414

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

Zip

Country

Zip

Country

4. FEI Number

65-0846686

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

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

Name
 Bates F. Stoddard

Street Address (P.O. Box Number is Not Acceptable)
 11924 W. Forest Hill Blvd

City
 Wellington

FL

Zip Code
 33414

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
 Signature, typed or printed name of registered agent and title if applicable

Bates F. Stoddard, President

(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
 D, P
 Bates F. Stoddard
 11924 W. Forest Hill Blvd
 Wellington, FL 33414 ☐ Delete

TITLE
 NAME
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 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ 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:

Bates F. Stoddard
 Signature and typed or printed name of signing officer or director

Bates F. Stoddard

561-799-1010

Date

Daytime Phone #

CR2E034 (9/99)