

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000058551

1. Entity Name
REAL ESTATE CHANNEL CORPORATION

Principal Place of Business
151 WYMORE RD.
STE # 575
ALTAMONTE SPRINGS FL 32714

Mailing Address
151 WYMORE RD.
STE # 575
ALTAMONTE SPRINGS FL 32714

FILED
Jan 07, 2002 8:00 am
Secretary of State

01-07-2002 90010 044 ***150.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
101 Wymore Rd.
Suite, Apt. #, etc.
ste 538
City & State
Altamonte Springs
Zip
32714
Country
Seminole

3. Mailing Address
101 Wymore Rd.
Suite, Apt. #, etc.
ste 538
City & State
Altamonte Springs
Zip
32714
Country
Sem.

4. FEI Number 59-3527504
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GERRITY, MICHAEL J
151 WYMORE RD.
STE # 575
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

Name
Michael J. Gerrity
Street Address (P.O. Box Number is Not Acceptable)
101 Wymore Road, ste 538
City
Altamonte Springs FL
Zip Code
32714

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 DATE 1/4/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS GERRITY, MICHAEL J 151 WYMORE RD STE # 575 ALTAMONTE SPRINGS FL 32714	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONG, ROBERT 151 WYMORE RD STE # 575 ALTAMONTE SPRINGS FL 32714	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUBER, TOM 151 WYMORE RD STE # 575 ALTAMONTE SPRINGS FL 32714	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS Michael J. Gerrity 101 Wymore Rd, ste 538 Altamonte Springs, FL 32714	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: 1-04-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # (407) 772-4663

0072639 AV

CR2E034 (9/01)