

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90035 034 ***150.00

DOCUMENT # P98000069008

1. Entity Name

LIST REALTY, INC.

Principal Place of Business

Mailing Address

**3705 SOUTH MACDILL AVENUE
 TAMPA FL 33611**

**3705 SOUTH MACDILL AVENUE
 TAMPA FL 33611-1514**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2101 W. Platt St.

2101 W. Platt St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

200

200

City & State

City & State

Tampa FL.

Tampa FL.

4. FEI Number

59-3527483

Applied For

Not Applicable

Zip

Country

Zip

Country

33606 USA

33606 USA

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

**AMERILAWYER
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

Name

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

2101 W. Platt St.

Suite # 200

City

Tampa

FL

Zip Code

33606

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

[Signature]

Vice President

5-25-00

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	PTD	<input type="checkbox"/> Delete
NAME	GULUZIAN, ARAM	
STREET ADDRESS	3705 SOUTH MACDILL AVENUE	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	LUM, JOHN	
STREET ADDRESS	3705 SOUTH MACDILL AVENUE	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Aram Guluzian	
STREET ADDRESS	2101 W. Platt St. Suite #200	
CITY-ST-ZIP	Tampa, FL 33606	
TITLE	SVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Lum	
STREET ADDRESS	2101 W. Platt St. Suite #200	
CITY-ST-ZIP	Tampa, FL 33606	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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)(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]
SIGNATURE Vice President

5-25-00 813-258-5478

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR21 (03-99)