

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90178 030 \*\*\*150.00

**DOCUMENT # P98000085080**

1. Entity Name  
**ARGUS REALTY GROUP INC.**

**701921**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**1200 SIESTA BAYSIDE DR.  
SARASOTA FL 34242**

Mailing Address

**1200 SIESTA BAYSIDE DR.  
SARASOTA FL 34242-8700**

2. Principal Place of Business

**2477 Stichey Point Rd  
Ste 118 A**

3. Mailing Address

**2477 Stichey Point Rd  
Ste 118 A**

City & State

**Sarasota**

City & State

**Sarasota**

Zip

**34231**

Country

**Sarasota**

Zip

**34231**

Country

**Sarasota**

4. FEI Number

**59-3585482**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**HAMMERLING, WALTER  
1200 SIESTA BAYSIDE DR.  
SARASOTA FL 34242**

7. Name and Address of New Registered Agent

Name: **Hammerling, Walter E.**  
Street Address (P.O. Box Number is Not Acceptable): **2477 Stichey Point Rd Ste 118A**  
City: **Sarasota** FL Zip Code: **34231**

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P HAMMERLING, WALTER 1200 SIESTA BAYSIDE DR. SARASOTA FL 34242</b>	<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
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		<input 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

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

**1-7-2000 349-0917**

Date

Daytime Phone #

CR2E034 (9/99)