## **2001 UNIFORM BUSINESS REPORT (UBR)** FILED Mar 30, 2001 8:00 am DOCUMENT # P98000100800 Secretary of State 1. Entity Name LARRY KELLEY REALTY, INC. 03-30-2001 90338 001 \*\*\*158.75 Principal Place of Business Mailing Address 1120 PARK AVE. 1120 PARK AVE. ORANGE PARK FL 32073-3154 ORANGE PARK FL 32073-3154 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3045 163 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name-KELLEY, LAWRENCE A III Street Address (P.O. Box Number is Not Acceptable) 12503 GRAFTON CT. JACKSONVILLE FL 32246 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE Change ☐ Addition KELLEY, LAWRENCE A III NAME NAME STREET ADDRESS 12503 GRAFTON CT. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32246 ☐ Change TITLE Delete TITLE ☐ Addition CAMBRA, AMARO NAME NAME STREET ADDRESS 2581 RIDGECREST AVE. STREET ADDRESS CITY-ST-ZIP **ORANGE PARK FL 32065** CITY-ST-ZIP TILLE -Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME

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 excurate 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.

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SIGNATURE SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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