## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **P98000103014** Mar 03, 2000 8:00 am **Secretary of State** SAWGRASS REALTY HOLDINGS, INC. 03-03-2000 90250 006 \*\*\*150.00 Principal Place of Business Mailing Address 855 S FEDERAL HWY 855 S FEDERAL HWY #111 **BOCA RATON FL 33432 BOCA RATON FL 33433-3487** 2. Principal Place of Business 3. Mailing Address 7251 W. Barnetto Park Rd 7251 W. Palmetto Park Pd. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 20G 4. FEI Number Applied For City & State City & State 65-0882738 Raton <del>2</del>000 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired JSA USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KING, JAMES P Street Address (P.O. Box Number is Not Acceptable) #20<u>~</u> 855 S FEDERAL HWY #111 **BOCA RATON FL 33432** CityBooa Ratar 8. The above named entity submits this statement for the propose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printe ed agent and title if applicab 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. **VSD** GZV Change Addition ☐ Delete TITLE TITLE Fredric D. Newman NEWMAN, FREDRIC D NAME 7051 W. Palmeto Park Rd. Ste. 201 555 S FEDERAL HWY STE 350 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Booo Rotton FL 33433 CITY-ST-ZIP **BOCA RATON FL 33432** ☐-Change ☐ Delete TIT! F lames P. Kina KING, JAMES P NAME 7251 W. Palmetio Park Rd. Ste 206 STREET ADDRESS 855 S FEDERAL HWY STE 111 STREET ADDRESS Raton, PL 33433 CITY-ST-7IP CITY-ST-ZIP **BOCA RATON FL 33432** ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

Daytime Phone #

Date

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR