

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/1

**FILED**  
**Jun 16, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90241 033 \*\*\*150.00

**DOCUMENT # P98000106892**

1. Entity Name

**PAT O'BRIEN REALTY, INC.**

*R*

Principal Place of Business

Mailing Address

4495 SOUTH ATLANTIC AVENUE  
SUITE 302 SOUTH  
NEW SMYRNA BEACH FL 32169

4495 SOUTH ATLANTIC AVENUE  
SUITE 302 SOUTH  
NEW SMYRNA BEACH FL 32169-4025

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3550015**

Applied For

Not Applicable

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

**COLEMAN, ANTHONY G JR.**  
**4495 SOUTH ATLANTIC AVENUE**  
**SUITE 302 SOUTH**  
**NEW SMYRNA BEACH FL 32169**

Name

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

City

**FL**

Zip Code

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Delete
NAME	<b>O'BRIEN, MICHAEL</b>
STREET ADDRESS	<b>561 NW 42ND AVE</b>
CITY-ST-ZIP	<b>COCONUT CREEK, FL 33066</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>RAMSEY, MARGARET D.</b>
STREET ADDRESS	<b>514 DUNRAVEN DR.</b>
CITY-ST-ZIP	<b>WINTER PARK, FL 32792</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>ROCKWELL, CYNTHIA D.</b>
STREET ADDRESS	<b>212 LODGE DR.</b>
CITY-ST-ZIP	<b>GREENWOOD, SC 29646</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>O'BRIEN PATRICIA P.</b>
STREET ADDRESS	<b>4495 S. ATLANTIC AVE #302S</b>
CITY-ST-ZIP	<b>NEW SMYRNA BCH, FL 32169</b>
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"/> 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	
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: **PATRICIA P. O'BRIEN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-28-00 (904) 428-9049**  
Date Daytime Phone #

CR2E034 (9/99)