

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000107357

1. Entity Name

MARKELL & ASSOCIATES REALTY, INC.

FILED

Mar 05, 2001 8:00 am  
Secretary of State

03-05-2001 90324 032 \*\*\*150.00

Principal Place of Business

37502 U.S. HIGHWAY 19 NORTH  
PALM HARBOR FL 34684

Mailing Address

37502 U.S. HIGHWAY 19 NORTH  
PALM HARBOR FL 34684

C0030133



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

HOLIDAY TOWER STE 110

Suite, Apt. #, etc.

2435 U.S. 19

City & State

HOLIDAY, FLORIDA

Zip

34691

Country

USA

3. Mailing Address

HOLIDAY TOWER STE 110

Suite, Apt. #, etc.

2435 U.S. Highway 19

City & State

HOLIDAY FLORIDA

Zip

34691

Country

USA

4. FEI Number

59-3555497

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

MARKELL, WILLIAM E  
9806 DIDRIKSON DR  
NEW PORT RICHEY FL 34655

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

*Wm. E. Markell*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/1/01

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD MARKELL, WILLIAM E 37502 U.S. HIGHWAY 19 NORTH PALM HARBOR FL 34684	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARKELL, LINDA J 37502 U.S. HIGHWAY 19 NORTH PALM HARBOR FL 34684	<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
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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:

*Wm. E. Markell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/01

Date

727 934 9175

Daytime Phone #

CR2E034 (10/00)