

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2001 8:00 am**  
**Secretary of State**

09-12-2001 90008 005 \*\*\*550.00

**DOCUMENT # P99000001966**

1. Entity Name

**NEW MILLENNIUM REAL ESTATE INVESTMENTS, INC.**

Principal Place of Business

**950-23 BLANDING BLVD., #131  
 JACKSONVILLE FL 32065**

Mailing Address

**950-23 BLANDING BLVD., #131  
 JACKSONVILLE FL 32065**

2. Principal Place of Business

**950-23 Blanding Blvd  
 Suite, Apt. #, etc.  
 #131**

3. Mailing Address

**950-23 Blanding Blvd  
 Suite, Apt. #, etc.  
 #131**

City & State

**Orange Park, Florida  
 Zip  
 32065**

City & State

**Orange Park, Florida  
 Zip  
 32065**

4. FEI Number

**59-3556968**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**CAPLAN, HOWARD A  
 3900 ATLANTIC BLVD.  
 JACKSONVILLE FL 32207**

7. Name and Address of New Registered Agent

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]*

(NOTE: Registered Agent signature required when reinstating)

**9/6/01**

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 \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 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 **D** ☒ Delete  
 NAME **FRANKHAUSER, ROBERT III**  
 STREET ADDRESS **12850 HUNTLEY MANOR DR.**  
 CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE **D** ☐ Delete  
 NAME **GRAY, THOMAS K**  
 STREET ADDRESS **4999 LAUREL ST.**  
 CITY-ST-ZIP **MIDDLEBURG FL 32068**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**9-6-2001**

Daytime Phone #

**904-697-4426**

CR2E034 (5/01)