

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91595 039 ***150.00

DOCUMENT # P99000008829
 1. Entity Name
CLARION REALTY GROUP, INC.

Principal Place of Business Mailing Address
 101 S. ATLANTIC BLVD. 101 S. ATLANTIC BLVD.
 FT. LAUDERDALE, FL 33316 FT. LAUDERDALE, FL 33316

552312

2. Principal Place of Business 3. Mailing Address
305 S. Andrews Ave. **ONE RIVER PLAZA**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 301 **305 S. ANDREWS, Ste 301**

DO NOT WRITE IN THIS SPACE

City & State City & State
FT. LAUDERDALE FL **FT. LAUDERDALE FL**

4. FEI Number Applied For
65-0894716 Not Applicable

Zip Country Zip Country
33301 **USA** **33301** **USA**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
Day, S. ROBERT
101 S. ATLANTIC BLVD.
FT. LAUDERDALE, FL 33316

7. Name and Address of New Registered Agent
 Name **S. ROBERT DAY**
 Street Address (P.O. Box Number is Not Acceptable)
ONE RIVER PLAZA
305 S. ANDREWS AVE., SUITE 301
 City **FT. LAUDERDALE** FL Zip Code **33301**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P DAY, S. ROBERT 101 S. ATLANTIC BLVD. FT. LAUDERDALE, FL 33316
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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition P DAY, S. ROBERT 305 S. ANDREWS AVE, Suite 301 FT. LAUDERDALE, FL 33301
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: _____ Date **4/24/01** Daytime Phone # **954-568-0077**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)