

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90090 004 ***150.00

DOCUMENT # P99000008829

1. Entity Name

CLARION REALTY GROUP, INC.

Principal Place of Business

**305 S ANDREWS AV
 STE 301
 FORT LAUDERDALE FL 33301**

Mailing Address

**ONE RIVER PLAZA
 305 S ANDREWS STE 301
 FORT LAUDERDALE FL 33301**

2. Principal Place of Business

200 E. LAS OLAS BLVD.

3. Mailing Address

200 E. LAS OLAS BLVD.

Suite, Apt. #, etc.

#1660

Suite, Apt. #, etc.

#1660

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

Zip

FL 33301

Country

Broward

Zip

33301

Country

Broward

6. Name and Address of Current Registered Agent

**DAY, J ROBERT
 ONE RIVER PLAZA
 305 S ANDREWS AV STE 301
 FORT LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

Name

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

200 E. LAS OLAS BLVD. #1660

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

J. Robert Day
President

4/25/02

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, 2002 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 **P** ☐ Delete
 NAME **DAY, J. ROBERT**
 STREET ADDRESS **305 S ANDREWS AV STE 301**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS **200 E. LAS OLAS BLVD, #1660**
 CITY-ST-ZIP **Fort Lauderdale, FL 33301**

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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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 REQUIRED

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

4/25/02 (951) 527-5085

CR2E034 (9/01)