

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**  
 05-08-2002 90090 004 \*\*\*150.00

US049340  
 AV

**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**

4. FEI Number

**65-0894716**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



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]*  
**J. Robert Day**  
**President**

**4/25/02**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>P</b>	<b>DAY, J. ROBERT</b>	<b>305 S ANDREWS AV STE 301</b>	<b>FORT LAUDERDALE FL 33301</b>	<input type="checkbox"/>
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
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 checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		<b>200 E. LAS OLAS BLVD, #1660</b>	<b>Fort Lauderdale, FL 33301</b>	<input type="checkbox"/>	<input type="checkbox"/>
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
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

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 REQUIRED

**4/25/02** (951) 527-5085  
 Date Daytime Phone #

ENCLOSURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)