

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000013259

1. Entity Name

VOLUNTEER REALTY SERVICES, INC.

FILED

Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90067 050 ***150.00

Principal Place of Business

Mailing Address

250 INTERNATIONAL PARKWAY #150
HEATHROW FL 32746

250 INTERNATIONAL PARKWAY #150
HEATHROW FL 32746

2. Principal Place of Business

300 International Pky.

3. Mailing Address

300 International Pky.

Suite, Apt. #, etc.

Suite 130

Suite, Apt. #, etc.

Suite 130

City & State

Heathrow, FL 32

City & State

Heathrow, FL

Zip

32746

Country

USA

Zip

32746

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3559299

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

C. THOMAS SELBY

250 INTERNATIONAL PARKWAY #150
HEATHROW FL 32746

Name

C. Thomas Selby

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

300 International Parkway

Suite 130

City

Heathrow

FL

Zip Code
32746

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

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 ☐ Delete
NAME D
STREET ADDRESS C. THOMAS SELBY
CITY-ST-ZIP 250 INTERNATIONAL PARKWAY #150
HEATHROW FL 32746

TITLE ☒ Change ☐ Addition
NAME C. Thomas Selby
STREET ADDRESS 300 International Pky., Ste. 130
CITY-ST-ZIP Heathrow, FL 32746

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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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 687, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-1-01

(407) 333-1604

CR2E034 (10/00)