

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000016611

1. Entity Name
CTG PROPERTIES, INC.

Principal Place of Business

P.O. BOX 728
SARASOTA FL 34230

Mailing Address

P.O. BOX 728
SARASOTA FL 34230

2. Principal Place of Business

P.O. Box 1329

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1329

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

34230 USA

34230 USA

4. FEI Number 65-0901071

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

MCCURDY, JEFFREY
1924 SOUTH OSPREY AVENUE
SUITE 200
SARASOTA FL 34239

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, 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 PT ☐ Delete
NAME GRIFFIN, CARLA T
STREET ADDRESS 1924 SOUTH OSPREY AVENUE, STE 200
CITY-ST-ZIP SARASOTA FL 34239

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

TITLE VPS ☐ Delete
NAME MCCURDY, JEFFREY R
STREET ADDRESS 1924 SOUTH OSPREY AVENUE, STE 200
CITY-ST-ZIP SARASOTA FL 34239

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 ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey R. McCurdy

Date

Daytime Phone #

941-316-6802



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)