

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000026673**1. Entity Name
YOUR NEIGHBORHOOD REALTY, INC.Principal Place of Business
4360 CENTRAL AVENUE
ST. PETERSBURG FL 33711
Mailing Address
4360 CENTRAL AVENUE
ST. PETERSBURG FL 337112. Principal Place of Business
2819 BEACH BLVD. SOUTH
3. Mailing Address
2819 BEACH BLVD. SOUTH

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
GULFPORT FL
City & State
GULFPORT FL4. FEI Number
59-3563278
Applied For
Not ApplicableZip Country
33707
Zip Country
337075. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****BEIKIRCH GAIL**
4360 CENTRAL AVENUE
ST. PETERSBURG FL 33711
US**7. Name and Address of New Registered Agent**Name
LONGSTRETH BRIAN W
Street Address (P.O. Box Number is Not Acceptable)
2819 BEACH BLVD. SOUTH
City
GULFPORT FL Zip Code
33707

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 **BRIAN W. LONGSTRETH****04/26/2001**

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	DS	<input type="checkbox"/> Delete
NAME	BEIKIRCH JOE	
STREET ADDRESS	4360 CENTRAL AVENUE	
CITY-ST-ZIP	ST. PETERSBURG FL 33711	
TITLE	DT	<input type="checkbox"/> Delete
NAME	BEIKIRCH GAIL	
STREET ADDRESS	4360 CENTRAL AVENUE	
CITY-ST-ZIP	ST. PETERSBURG FL 33711	
TITLE	DP	<input type="checkbox"/> Delete
NAME	LONGSTRETH BRIAN	
STREET ADDRESS	4360 CENTRAL AVENUE	
CITY-ST-ZIP	ST. PETERSBURG FL 33711	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LONGSTRETH BRIAN W		
STREET ADDRESS	2819 BEACH BLVD. SOUTH		
CITY-ST-ZIP	GULFPORT FL 33707		
TITLE	DT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LONGSTRETH BRIAN W		
STREET ADDRESS	2819 BEACH BLVD. SOUTH		
CITY-ST-ZIP	GULFPORT FL 33707		
TITLE	DP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LONGSTRETH BRIAN W		
STREET ADDRESS	2819 BEACH BLVD. SOUTH		
CITY-ST-ZIP	GULFPORT FL 33707		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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: Brian W. Longstreth**DP****04/26/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)