

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
04-27-2001 90281 049 ***150.00

DOCUMENT # P99000072537

1. Entity Name
REALTY-SUPPORT CORP.

Principal Place of Business

2170 SR 434W
330
LONGWOOD FL 32779

Mailing Address

2170 SR 434W
330
LONGWOOD FL 32779

2. Principal Place of Business

255 PRIMERA BOULEVARD

Suite, Apt. #, etc.

SUITE 332

City & State

LAKE MARY FL

Zip

32746

Country

USA

3. Mailing Address

255 PRIMERA BOULEVARD

Suite, Apt. #, etc.

SUITE 332

City & State

LAKE MARY FL

Zip

32746

Country

USA4. FEI Number **59-3607709**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BEYER, DAVID A
C/O RUDNICK & WOLFE LLP
101 E. KENNEDY BLVD., STE. 2000
TAMPA FL 33602

Piper, Marbury

7. Name and Address of New Registered Agent

Name **David A. Beyer****Piper Marbury RUDNICK & Wolfe LLP**

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

101 E. Kennedy BLVD., #2000City **Tampa****FL**Zip Code **33602**

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 *David A. Beyer*
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

TITLE	PD	<input type="checkbox"/> Delete
NAME	WHITE, ROBERT J	
STREET ADDRESS	2170 SR 434W STE 330	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	DVST	<input type="checkbox"/> Delete
NAME	HACHENBERGER, DONALD	
STREET ADDRESS	2170 SR 434W STE 330	
CITY-ST-ZIP	LONGWOOD FL 32779	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	255 PRIMERA BOULEVARD SUITE 332	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	255 PRIMERA BOULEVARD SUITE 332	
CITY-ST-ZIP	LAKE MARY FL 32746	
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONALD J HACHENBERGER**4/18/01**

Date

(407) 829-7303

Daytime Phone #

CR2E034 (10/00)