FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachmen

SIGNATURE:

## May 15, 2001 8:00 am secretary of State DOCUMENT # **P99000086843** 1. Entity Name 05-15-2001 90120 049 \*\*\*150.00 SAVANNAH REALTY, INC. Principal Place of Business Mailing Address 4055 MACEACHEN BLVD 1436 RIDGEWOOD LANE SARASOTA FL 34233 SARASOTA FL 34231 D0052402 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0964353 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RICHARD AMERON SHEA, JOHN J Street Address (P.O. Box Number is Not Accepta 630 S.ORANGE AVE. #300 SARASOTA FL 34236 SARASOTA lity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above name SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE TITLE ☐ Change ☐ Addition Delete NAME CAMERON, RICHARD NAME 1436 RIDGEWOOD LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34231 TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 course or trusted employment to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

vith all other like empowered

TYPED OR PRINTED NAME OF SIGNING OFFICER OR D