

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000103210

1. Entity Name

EVA HURST & ASSOCIATES REALTY, INC.

APPROVED
AND
FILED

00 OCT 16 AM 7:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

339 CHEROKEE DRIVE
ORLANDO FL 32801

Mailing Address

339 CHEROKEE DRIVE
ORLANDO FL 32801

2. Principal Place of Business

455 South Orange Ave

Suite, Apt. #, etc.

Suite 400

City & State

Orlando, Florida

Zip

32801

Country

USA

3. Mailing Address

455 South Orange Ave

Suite, Apt. #, etc.

Suite 400

City & State

Orlando, Florida

Zip

32801

Country

USA

4. FEI Number

59-3612813

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

A.G.C. CO.
200 SOUTH ORANGE AVE.
SUNTRUST CENTER, STE. 2300
ORLANDO FL 32802

7. Name and Address of New Registered Agent

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HURST, EVA M
339 CHEROKEE DR.
ORLANDO FL 32801 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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

RON ANGE CFO

9/13/00 407/513-7900

Daytime Phone #

EVA MAE HURST

EVA MAE HURST

0017566

CR2E034 (5/00)