

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000103995

1. Entity Name

FLORIDA REALTY RESALES, INC.

FILED

May 02, 2000 8:00 am  
Secretary of State

05-02-2000 90041 003 \*\*\*150.00

Principal Place of Business

Mailing Address

4500 U.S. HWY.92 EAST LOT#225  
LAKELAND FL 33801

4500 U.S. HWY.92 EAST LOT#225  
LAKELAND FL 33801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3615752

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

LEVY, BYERS

4500 U.S. HWY.92 EAST LOT#225  
LAKELAND FL 33801

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, 2000 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 PD ☐ Delete  
NAME LEVY, BYERS  
STREET ADDRESS 4429 ARLINGTON PARK DR.  
CITY-ST-ZIP LAKELAND FL 33801

TITLE STD ☐ Delete  
NAME KNAPP, MARVIN  
STREET ADDRESS 2003 SHORELAND DR.  
CITY-ST-ZIP AUBURNDAL FL 33823

TITLE VD ☐ Delete  
NAME WNEK, MICHAEL  
STREET ADDRESS 526 HILLSIDE DR.  
CITY-ST-ZIP AUBURNDAL FL 33823

TITLE VD ☐ Delete  
NAME CARRICK, JERE  
STREET ADDRESS 140 LOST LAKES DR.  
CITY-ST-ZIP COCOA FL 32921

TITLE VD ☐ Delete  
NAME DUKE, JERRY  
STREET ADDRESS 7429 N.W. 48TH STREET  
CITY-ST-ZIP MIAMI FL 38166

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE VD ☒ Change ☐ Addition  
NAME KNAPP, MARVIN  
STREET ADDRESS 2003 SHORELAND DR.  
CITY-ST-ZIP AUBURNDAL FL 33823

TITLE STD ☒ Change ☐ Addition  
NAME WNEK, MICHAEL  
STREET ADDRESS 526 HILLSIDE DR.  
CITY-ST-ZIP AUBURNDAL FL 33823

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

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

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

Date

Daytime Phone #

CR2E034 (9/99)