

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90009 041 \*\*\*150.00

**DOCUMENT # S15421**

1. Entity Name

**NEAL COMMUNITIES REALTY, INC.**

Principal Place of Business

**3711 CORTEZ RD W. #300  
 BRADENTON FL 34210**

Mailing Address

**3711 CORTEZ RD W. #300  
 BRADENTON FL 34210**

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

**65-0233358**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**OLSON, ANN M  
 3711 CORTEZ RD WEST  
 SUITE 300  
 BRADENTON FL 34210**

7. Name and Address of New Registered Agent

Name **Priscilla G Heim**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2315 15th Ave W**  
 City **Bradenton** FL Zip Code **34210**

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 **Priscilla G Heim**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

**April 1, 2001**

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, 2002 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	<b>DPT</b>	<input type="checkbox"/> Delete
NAME	<b>JEAN A HARRISON</b>	
STREET ADDRESS	<b>3711 CORTEZ ROAD #300</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34210</b>	
TITLE	<b>VAS</b>	<input type="checkbox"/> Delete
NAME	<b>NEAL, PATRICK K</b>	
STREET ADDRESS	<b>3711 CORTEZ RD. W. #300</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34210</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>OLSON, ANN M</b>	
STREET ADDRESS	<b>3711 CORTEZ RD. W. #300</b>	
CITY-ST-ZIP	<b>BRADENTON FL</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SOCKAR, MARK</b>	
STREET ADDRESS	<b>3711 CORTEZ ROAD WEST STE 300</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34210</b>	
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	<b>VP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D/P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Priscilla G Heim</b>	
STREET ADDRESS	<b>3711 Cortez Rd W</b>	
CITY-ST-ZIP	<b>Bradenton FL 34210</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D/VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>James R. Schian</b>	
STREET ADDRESS	<b>3711 Cortez Rd W</b>	
CITY-ST-ZIP	<b>Bradenton FL 34210</b>	
TITLE	<b>D/VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Steven L. Tindal</b>	
STREET ADDRESS	<b>3711 Cortez Rd W</b>	
CITY-ST-ZIP	<b>Bradenton FL 34210</b>	

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:

**Priscilla G Heim**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 1, 2002**  
 Date

Daytime Phone #

**941 339 1034**

CR2E034 (9/01)