

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90400 033 ***150.00

DOCUMENT # S21829

1. Entity Name
NICKLAUS REALTY, INC.



Principal Place of Business
**400 COREY AVENUE
SUITE 200
ST PETERSBURG BEACH FL 33706**

Mailing Address
**400 COREY AVENUE
SUITE 200
ST PETERSBURG BEACH FL 33706**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3043525**

Applied For
Not Applicable.

Zip

Country

Zip

Country

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

**NICKLAUS, DEBORAH L
400 COREY AVENUE
SUITE 200
ST PETERSBURG BEACH FL 33706**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PTD NICKLAUS, H. GREGG**
STREET ADDRESS **5384 GULF BLVD**
CITY-ST-ZIP **ST PETERSBURG BCH FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **400 Corey Ave., Suite 200**
CITY-ST-ZIP **St. Pete Beach, FL 33706**

TITLE ☐ Delete
NAME **VSD NICKLAUS, DEBORAH L.**
STREET ADDRESS **5384 GULF BLVD**
CITY-ST-ZIP **ST PETERSBURG BCH FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **400 Corey Ave., Suite 200**
CITY-ST-ZIP **St. Pete Beach, FL 33706**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Signature of Deborah L. Nicklaus*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03 727-367-4549
Date Daytime Phone #

CR2E034 (10/02)