

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2001 8:00 am**  
**Secretary of State**

07-31-2001 90238 042 \*\*\*550.00

011943 AT

**DOCUMENT # S54086**

1. Entity Name  
**WEEKS REALTY, INC.**

Principal Place of Business

Mailing Address

**3929 HIGHWAY 90**  
**PACE FL 32571**  
**US**

**3939 HIGHWAY 90**  
**PACE FL 32571-1915**  
**US**



2. Principal Place of Business

**4480 Highway 90**

Suite, Apt. #, etc.

3. Mailing Address

**4480 Highway 90**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Pace, FL 32571**

City & State

**Pace, FL 32571**

4. FEI Number

**59-3068275**

Applied For

Not Applicable

Zip

**32571**

Country

**USA**

Zip

**32571**

Country

**USA**

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WEEKS, LISA B.**

**3929 HWY 90**

**PACE FL 32571**

Name

Street Address (P.O. Box Number is Not Acceptable)

**4480 Highway 90**

City **Pace**

**FL**

Zip Code **32571**

7. Name and Address of New Registered Agent

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)

**July 25, 2001**

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 12, 2001 Fee 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 **D** ☐ Delete  
NAME **WEEKS, LISA B.**  
STREET ADDRESS **3929 HWY 90**  
CITY-ST-ZIP **PACE FL**

TITLE **VP** ☐ Delete  
NAME **WEEKS, DAVID P.**  
STREET ADDRESS **8929 HWY 90**  
CITY-ST-ZIP **PACE FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **4480 Highway 90**  
CITY-ST-ZIP **Pace, FL 32571**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **4480 Highway 90**  
CITY-ST-ZIP **Pace, FL 32571**

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

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-25-01**

**850-994-2989**

Date

Daytime Phone #

CR2E034 (5/01)