

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S94270

1. Entity Name

TONI BASQUE REALTY, INC.

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90063 002 \*\*\*150.00

Principal Place of Business

Mailing Address

1633 DORMONT LANE  
ORLANDO FL 32804

1633 DORMONT LANE  
ORLANDO FL 34786-7842

2. Principal Place of Business

3327 Wax Berry Court  
Suite, Apt. #, etc.

3. Mailing Address

3327 Wax Berry Court  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Windermere FLORIDA

City & State

Windermere Florida

4. FEI Number

59-3094114

Applied For

Not Applicable

Zip

34786

Country

ORANGE

Zip

34786

Country

ORANGE

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BASQUE, ANTOINETTE H  
1633 DORMONT LANE  
ORLANDO FL 32804

7. Name and Address of New Registered Agent

Name (same as #6)

Street Address (P.O. Box Number is Not Acceptable)  
3327 Wax Berry Court

City Windermere

FL

Zip Code 34786

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

TITLE P  
NAME ANTONETTE H. BASQUE  
STREET ADDRESS 1633 DORMONT LANE  
CITY-ST-ZIP ORLANDO FL

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3327 Wax Berry Ct.  
CITY-ST-ZIP Windermere, FL. 34786

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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: Antoinette H. Basque  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-2000 407-909-1867  
Date Daytime Phone #

CR2E034 (9/99)