2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V13243** Jan 21, 2000 8:00 am Secretary of State 1. Entity Name ESTERO BAY REALTY, INC. 01-21-2000 90098 006 ***150.00 Principal Place of Business Mailing Address 16520 S TAMIAMI TR 16520 S TAMIAMI TR 201 FORT MYERS FL 33908-4521 FORT MYERS FL 33908 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0325767 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BROWN, NANCY JEAN Street Address (P.O. Box Number is Not Acceptable) 17173 CAPRI DRIVE FORT MYERS FL 33912 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10, Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees . 👿 (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PVTS** Change ☐ Addition TITLE ☐ Delete TITLE BROWN, NANCY J NAME NAME 17173 CAPRI DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33912 CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE BROWN, NANCY J NAME STREET ADDRESS 17173 CAPRI DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33912 - 🔲 Change - 🗀 Addition ~-- □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP . Change ☐ Addition ☐ Delete TITLE TITLE

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.

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE: /

NAME

STREET ADDRESS

CITY-ST-ZIP

Vancy G Brown Signature And Type of Printed Name of Signature And Type of Signature

1/12/00

941-489-1313 Daytime Phone #