

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91342 002 ***150.00

00054349

DO NOT WRITE IN THIS SPACE

DOCUMENT # V 57883																											
1. Entity Name SHAMROCK REALTY ADVISORS, INC.																											
Principal Place of Business 1075 W. Morse Blvd. Winter Park, FL 32789		Mailing Address 1075 W. Morse Blvd. Winter Park, FL 32789																									
2. Principal Place of Business 2411 Carolina Avenue Suite, Apt. #, etc.		3. Mailing Address 2411 Carolina Avenue Suite, Apt. #, etc.																									
City & State Tampa, Florida		City & State Tampa, Florida																									
Zip 33629	Country U.S.	Zip 33629	Country U.S.																								
4. FEI Number 59-3137014		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent Coley, Richard T. 1075 W. Morse Blvd. Winter Park, FL 32789		7. Name and Address of New Registered Agent Name: Coley, Richard T. Street Address (P.O. Box Number is Not Acceptable): 2411 Carolina Avenue City: Tampa, FL Zip Code: 33629																									
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. <div style="display: flex; justify-content: space-between;"> <div>SIGNATURE: <i>RT Coley as Registered Agent</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small></div> <div>4/24/01 <small>(NOTE: Registered Agent signature required when reinstating)</small></div> </div>																											
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)		<div style="border: 1px solid black; padding: 2px; text-align: center;"> FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State </div>																									
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																									
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">D</td> <td style="width: 30%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>Coley, Richard T.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1075 W. Morse Blvd.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Winter Park, FL 32789</td> <td></td> </tr> </table>		TITLE	D	<input type="checkbox"/> Delete	NAME	Coley, Richard T.		STREET ADDRESS	1075 W. Morse Blvd.		CITY-ST-ZIP	Winter Park, FL 32789		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">D</td> <td style="width: 30%;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Coley, Richard T.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2411 Carolina Avenue</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Tampa, FL 33629</td> <td></td> </tr> </table>		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Coley, Richard T.		STREET ADDRESS	2411 Carolina Avenue		CITY-ST-ZIP	Tampa, FL 33629	
TITLE	D	<input type="checkbox"/> Delete																									
NAME	Coley, Richard T.																										
STREET ADDRESS	1075 W. Morse Blvd.																										
CITY-ST-ZIP	Winter Park, FL 32789																										
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																									
NAME	Coley, Richard T.																										
STREET ADDRESS	2411 Carolina Avenue																										
CITY-ST-ZIP	Tampa, FL 33629																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																									
NAME																											
STREET ADDRESS																											
CITY-ST-ZIP																											
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																									
NAME																											
STREET ADDRESS																											
CITY-ST-ZIP																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																									
NAME																											
STREET ADDRESS																											
CITY-ST-ZIP																											
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																									
NAME																											
STREET ADDRESS																											
CITY-ST-ZIP																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																									
NAME																											
STREET ADDRESS																											
CITY-ST-ZIP																											
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																									
NAME																											
STREET ADDRESS																											
CITY-ST-ZIP																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																									
NAME																											
STREET ADDRESS																											
CITY-ST-ZIP																											
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																									
NAME																											
STREET ADDRESS																											
CITY-ST-ZIP																											

3. 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: *RT Coley as Pres* 4/24/01 802-50-1760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (11/00)