

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90027 010 ***150.00

DOCUMENT # J02469

1. Entity Name

PACE ISLAND REALTY CORP.

Principal Place of Business

Mailing Address

**1733 PACE ISLAND TRACE
 ORANGE PARK FL 32073**

**1733 PACE ISLAND TRACE
 ORANGE PARK FL 32073-7035**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2654851

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

**KEEFE, KENNETH M. JR.
 50 NORTH LAURA STREET, SUITE 3300
 JACKSONVILLE FL 32202**

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.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
S	LEACH, AUGUSTA P	1733 PACE ISLAND TRACE ORANGE PARK FL 32073	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
V	WOOD, SUSAN D.	1733 PACE ISLAND TRACE ORANGE PARK FL 32073	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
D	KILNER, FLORENCE D.	1733 PACE ISLAND TRACE ORANGE PARK FL	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
DP	PACE, T W	1733 PACE ISLAND TRACE ORANGE PARK FL 32073	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
VT	HARRISON, MELVIN R	1733 PACE ISLAND TRACE ORANGE PARK FL 32073	<input checked="" type="checkbox"/>		VT	MIXON, B.W. 1909 Salt Myrtle Lane Orange Park, FL 32073	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>

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: B.W. Mixon **Treasurer** 3/7/00 904-247-2142
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

B.W. Mixon

CR2F034 (9/99)