FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90035 002 ***158.75

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000097138

1. Entity Name
KAISER REALTY OF NORHTWEST FLORIDA

DO NOT WRITE IN THIS SPACE

B0058749

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
24951 PERDIDO BEACH		P.O. DRAWER 1018	
Suite, Apt. #, etc. BLVD.		Suite, Apt. #, etc.	
City & State ORANGE BEACH,AL		City & State GULF SHORES, AL	
Zip 36561	Country USA	Zip 36547	Country USA

4. FEI Number 63-1287076 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name PAUL W. GROOM II, ESQ.
Street Address (P.O. Box Number is Not Acceptable) SHELL, FLEMING, DAVIS & MENGE
226 S. PALAFOX PLACE, NINTH FLOOR
City PENSACOLA, FL Zip Code 32501

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] 27 Mar 02
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) ☒

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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/S/T	TITLE	
NAME	THOMAS S. O'RORKE	NAME	
STREET ADDRESS	4548 BAYOU COURT	STREET ADDRESS	
CITY - ST - ZIP	ORANGE BEACH, AL 36561	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] March 27, 2002 251-981-5977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

STF FL32381F.1