

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2000 8:00 am**  
**Secretary of State**

02-19-2000 90018 041 \*\*\*150.00

**DOCUMENT # 609332**

1. Entity Name

**NORTH FLORIDA MULTIPLE LISTING SERVICE, INC.**

Principal Place of Business

Mailing Address

SOUTH ALACHUA ST.  
LAKE CITY FL 32025

214 SOUTH ALACHUA ST  
LAKE CITY FL 32025-7020  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1904568**

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

**BLANCHARD, MARION M**  
**214 SOUTH ALACHUA STREET**  
**LAKE CITY FL 32025**

Name

**GHERNA, DAN L.**

Street Address (P.O. Box Number is Not Acceptable)

**214 SOUTH ALACHUA STREET**

City **LAKE CITY**

**FL**

Zip Code **32025**

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

*Dan Gherna*

**DAN L. GHERNA, ASSOCIATION EXECUTIVE**

**2-8-00**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CORACI, ELAINE RT 20, BOX 845 LAKE CITY FL 32055	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, MARIE 123 E HOWARD ST LAKE CITY FL 32060	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, MARIA 1101 W DUVAL ST LIVE OAK FL 32055	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MITCHELL, OLA RT 2 BOX 6013 LAKE CITY FL 32024	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GEIBEIG, LORI 4350 US 90 HWY W LIVE OAK FL 32055	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWRENCE, BARBARA 1923B S 1ST ST LAKE CITY FL 32055	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BURD, DALE 428 E. BAYA AVE. LAKE CITY, FL 32025	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RANKIN, JOCK 1815 W. HOWARD ST. LIVE OAK, FL 32060	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCALL, GLENDA 123 E. HOWARD ST. LIVE OAK, FL 32060	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHR, SHIRLEY 4400 W. US HWY 90 LAKE CITY, FL 32055	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CURRY, CHRIS 4400 W. US HWY 90 LAKE CITY, FL 32055	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 registered agent authorized 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 to this report as required by Chapter 607, Florida Statutes.

SIGNATURE:

*Barbara Lawrence*

**BARBARA LAWRENCE**

**2-8-00**

**(904) 752-3224**

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)