

2000 UNIFORM BUSINESS REPORT (UBR)

6/7/00 09:00 AM

DOCUMENT # 704474

1. Entity Name

GREATER ORLANDO ASSOCIATION OF REALTORS, INC.

FILED
Jul 06, 2000 8:00 am
Secretary of State

06-05-2000 90039 017 ****61.25

Principal Place of Business

Mailing Address

621 E. CENTRAL BLVD.
 P.O. BOX 587
 ORLANDO FL 32802

200 S ORANGE AVE
 SUITE 2300
 ORLANDO FL 32801-3455

2. Principal Place of Business

3. Mailing Address

663 N. HAROLD AVE.

Suite, Apt. #, etc.
REAR ENTRANCE

City & State
WINTER PARK FL

Zip
32789

Country
ORANGE



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-0859806

Applied For

Not Applicable

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

A.G.C. CO.
 200 S ORANGE AVENUE
 SUITE 2300
 ORLANDO FL 32801

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

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME Delete
P HUSKEY, BUDGE
 STREET ADDRESS **2160 W HWY 434 #100**
 CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE NAME Delete
PEP SIEGEL, SARA
 STREET ADDRESS **1031 W MORSE BLVD, #180**
 CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE NAME Delete
V FRYER, RICHARD
 STREET ADDRESS **5310 DIPLOMAT CIRCLE**
 CITY-ST-ZIP **ORLANDO FL 32810**

TITLE NAME Delete
D ROKEH, GREG
 STREET ADDRESS **4270 ALOMA AVENUE, #156**
 CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE NAME Delete
D VOGT, PETE
 STREET ADDRESS **5850 HANSEL AVENUE**
 CITY-ST-ZIP **ORLANDO FL 32809**

TITLE NAME Delete
D HICKS, KELLY
 STREET ADDRESS **7347 SAND LAKE ROAD**
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE NAME Change Addition
V CORBIN SARCAET
 STREET ADDRESS **14 E WASHINGTON ST**
 CITY-ST-ZIP **ORLANDO FL 32801-2319**

TITLE NAME Change Addition
P
 STREET ADDRESS **201 N. NEW YORK AVENUE, #100**
 CITY-ST-ZIP

TITLE NAME Change Addition
Secretary BELTON E. JENNINGS, III
 STREET ADDRESS **663 HAROLD AVE.**
 CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE NAME Change Addition
D
 STREET ADDRESS **317 WEKIVA SPRINGS RD. #200**
 CITY-ST-ZIP **LONGWOOD, FL 32779**

TITLE NAME Change Addition
V RONALD ACKER, SR.
 STREET ADDRESS **950 N. ORLANDO AVE., #150**
 CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE NAME Change Addition
D DEAN ASHER
 STREET ADDRESS **52 E. SOUTH STREET**
 CITY-ST-ZIP **ORLANDO, FL 32801-3308**

12. I 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 in 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 or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if attachment rules apply. I am not otherwise empowered.

SIGNATURE:

SIGNATURE REQUIRED

5/22/00

407-691-7900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 9/99