2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 721442

1. Entity Name

GREATER LAKE COUNTY ASSOCIATION OF REALTORS, INC

FILED
May 09, 2000 8:00 am
Secretary of State
05-09-2000 90024 036 ****61.25

Principal Place of Business	Mailing Address
725 EAST ALFRED STREET TAVARES FL 32778 US	P.O. BOX 1005 TAVARES FL 32778-1005 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1627621 ☐ 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
RODGERS, BRENDA C 725 EAST ALFRED STREET TAVARES FL 32778	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 Brenda C Rodgers BRENDA C. RODGERS 4/25/2000
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 / STREET ADDRESS / CITY-ST-ZIP	PD HUBBNER, ARNOLD 350 E HIGHWAY 50 CLERMONT FL 34711	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WILLIAM EVANS 102 W. BURLEIGH BLVD TAVARES, FL 32778	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PED EVANS, WILLIAM 2023 W OLD HWY 441 MOUNT DORA FL 32757	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PED MARILYN HOTTLE 600 N. DONNELLY ST. MT. DORA, FL 32757	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HOTTLE, MARILYN 600 N DONNEKKY ST MT DORA FL 32757	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD RALPH KEELER 2023 W. OLD HWY 441 MT. DORA, FL 32757	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PED HUEBNER, ARNOLD " 2290 S BAY STREET EUSTIS FL 32726	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD JOHN PALUMBO 1608 TRACY AVE LADY LAKE, FL 32159	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD EVANS, WILLIAM 102 W BURLEIGH BLVD TAVARES FL 32778	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD CHRISTOPHER GIACHETTI 400 E HWY 50 CLERMONT, FL 34711	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ENIX, ANGELINA 102 W BURLEIGH BLVD TAVARES FL 32778-2406	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVPD BRENDA C. RODGERS 725 E ALFRED ST. TAVARES, FL 32778	☐ Change ☒ Addition

CR2E037 (9/99)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William C. Evans WILLIAM EVANS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #