2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State
03-31-2002 90336 019 ****61.25

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DOCUMENT # 721442

1. Entity Name

GREATER LAKE COUNTY ASSOCIATION OF REALTORS, INC

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, C.E.O. 3/13/02
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 HOTTLE, MARILYN 600 N. DONNELLY SR MOUNT DORA FL 32757	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CERWINSKY, LESTER 9800 US HWY 441, STE 101 LEESBURG, FL 34788 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PED CEDVINSKY, LESTER CERWINSKY 9800 US HWY 441, STE 101 LEESBURG FL 34788	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PED SUE LIBERNINI 1740 E HWY 50 CLERMONT, FL 34711 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KELLER, RALPH 2023 W OLD HWY 441 MOUNT DORA FL 32757	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD DON MILLER PO BOX 1198 MOUNT DORA, FL 32756 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SCHWALB, KATHRYN PO BOX 1198 MOUNT DORA FL 32756	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ROGER LYLES 100 A N. HWY 27 CLERMONT, FL 34711 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BEARD, LARRY 2405 S. BAY ST EUSTIS FL 32726	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEOD BRENDA C. RODGERS 725 E. ALFRED ST. TAVARES, FL 32778 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVPD RODGERS, BRENDA C 725 E ALFRED ST TAVARES FL 32778	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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: SIGNATURE REQUIRED 3/13/02 352-343-3003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #