

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90046 040 ****61.25

A0065178

DO NOT WRITE IN THIS SPACE

DOCUMENT # 734425
1. Entity Name
 LAND O'LAKES BOARD OF REALTORS, Inc.

Principal Place of Business P.O. Box 127
 Land O'Lakes, FL. 34639
Mailing Address P.O. Box 127
 Land O'Lakes,
 FL. 34639

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

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

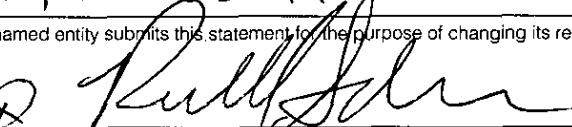
4. FEI Number
 59-1850585
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 Jo Easton
 409 Hayes Road
 Lutz, FL. 33549

7. Name and Address of New Registered Agent
 Name: C. Russell Adams
 Street Address (P.O. Box Number is Not Acceptable): 2502 LAND O'LAKES BLVD
 City: LAND O'LAKES FL Zip Code: 34639

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:  DATE: 5/3/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President JO EASTON 409 HAYES ROAD LUTZ, FL. 33549-6143	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	/	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER PATRICIA PETERMAN 18406 Keystone Grove Blvd Odessa, FL. 33556	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY JEANI CHASTAIN 17551 Willow Pond Dr. Lutz, FL. 34549	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Vikki Wall 19701 Bexley Road LAND O'LAKES, FL. 34639	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR Susan Graham 4736 LAKE ELLIS Lane LAND O'LAKES, FL. 34639	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C. Russell Adams PRESIDENT 2502 LAND O'LAKES BLVD. LAND O'LAKES, FL. 34639	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kim Ketron, V.P. 23020 S.R. 54 LUTZ, FL. 33549	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Patricia Peterman 18406 KEYSTONE GROVE Blvd Odessa, FL. 33556	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Shirley Elkins 1022 LAND O'LAKES BLVD LUTZ, FL. 33549	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Sharon Molnar 23020 S.R. 54 LUTZ, FL. 33549	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR Martha Henry 24002 Starling Circle LAND O'LAKES, FL. 34639	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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:  PATRICIA D. PETERMAN DATE: 5/3/00 DAYTIME PHONE #: 813/949-3603

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)