


# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED  
03 AUG 14 PM 1:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 734425**

1. Entity Name  
**LAND O'LAKES BOARD OF REALTORS, INC.**



Principal Place of Business      Mailing Address  
**1022 LAND O'LAKES BLVD**      **1022 LAND O'LAKES BLVD**  
**LUTZ FL 34549**      **LUTZ FL 34549**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

[REDACTED]

**02-10-03 90141 022 \$61.25**  
 CHECK HERE IF MAKING CHANGES

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

**MAKOWSKI, CATHY**  
**3624 LAKE BREEZE DR**  
**LAND O LAKES FL 34639**

7. Name and Address of New Registered Agent

Name **SUSAN GRAHAM - PRES. ELECT**  
 Street Address (P.O. Box Number is Not Acceptable) **4736 LAKE ELLIS LANE**  
 City **LOL, FL**      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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE SUSAN GRAHAM, PRES. ELECT *Susan Graham*      2/5/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees      Make Check Payable to Florida Department of State

FILE NOW: FEE IS \$61.25

10. OFFICERS AND DIRECTORS

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>WALL, VIKKI T<br>19701 BEXLEY<br>LAND O LAKES FL 34639              | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>KETRON, KIM<br>23117 GINGERWOOD LOOP<br>LAND O LAKES FL 34639        | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>WEBSTER, PATTI<br>1022 LAND O'LAKES BLVD<br>LUTZ FL 34549            | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PE<br>MAKOWSKI, CATHY<br>3624 LAKE BREEZE DR<br>LUTZ FL 34539             | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>PETERMAN, PATRICIA D<br>18406 KEYSTONE GROVE BLVD<br>ODESSA FL 33558 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>RYAN, BILL<br>705 WARREN ROAD<br>LUTZ FL 34539                       | <input checked="" type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PRESIDENT<br>PAUL PATTERSON<br>1022 LOL BLVD.<br>LUTZ, FL 33549      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V.P.<br>KENNA FABER<br>18611 BARTON DR<br>LUTZ, FL 33549             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SECRETARY<br>SHERRIE MARZY<br>1022 LOL BLVD<br>LUTZ, FL 33549        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PRES. ELECT<br>SUSAN GRAHAM<br>4736 LAKE ELLIS LANE<br>LOL, FL 34639 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SUSAN CAUANO<br>1022 LOL BLVD<br>LUTZ, FL 33549                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>JP EASTON<br>401 HAYS ROAD<br>LUTZ, FL 33549                    | <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 Webster*      **PATRICIA L WEBSTER**      1-8-03      (813) 949-7444 x609  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (10/02)