

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2001 8:00 am
Secretary of State

05-14-2001 90241 043 ****61.25

DOCUMENT # 736828

1. Entity Name

CENTURY 21 BROKERS COUNCIL OF NORTHEAST FLORIDA,

Principal Place of Business 2820-A US 1 SOUTH CENTURY PLAZA SAINT AUGUSTINE FL 32086 US	Mailing Address 2820-A US 1 SOUTH CENTURY PLAZA SAINT AUGUSTINE FL 32086 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 201 Escambia Street Suite, Apt. #, etc.	3. Mailing Address 201 Escambia Street Suite, Apt. #, etc.
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City & State St Augustine, FL Zip 32084	Country USA	City & State St Augustine, FL Zip 32084	Country USA
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4. FEI Number 59-2266704	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
SCHROEDER, DIRK
 2820-A US 1 SOUTH
 SAINT AUGUSTINE FL 32086

7. Name and Address of New Registered Agent
 Name
Cindy Chapman
 Street Address (P.O. Box Number is Not Acceptable)
 201 Escambia Street
 City
St. Augustine **FL** Zip Code
32084

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 Cindy S. Chapman DATE 5/30/01
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE P	SCHROEDER, DIRK <input checked="" type="checkbox"/> Delete 2820-A US 1 SOUTH SAINT AUGUSTINE FL 32086
TITLE VP	SARTOR, RICHARD <input checked="" type="checkbox"/> Delete 2820-A US 1 SOUTH PONTE VEDRA BEACH FL 32082
TITLE VD	SARTOR, RICHARD <input checked="" type="checkbox"/> Delete 2413 SOUTH 3RD ST. JACKSONVILLE BEACH FL
TITLE SD	MATTHEWS, DIANE <input checked="" type="checkbox"/> Delete 2947 BROWARD RD JACKSONVILLE FL
TITLE TD	WISE, DOROTHY Z <input checked="" type="checkbox"/> Delete 1301 REID ST PALATKA FL
TITLE NAME	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME	President, DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Cindy Chapman
TITLE NAME	Vice President, DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DonPellicer
TITLE NAME	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Dottie Wise
TITLE NAME	Treasurer, DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Carol Ferreira
TITLE NAME	1st Vice President, DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Peggy Wattron
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for an 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: CINDY S. WISE REQUIRED Cindy S Chapman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)