FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 24, 2002 8:00 am DOCUMENT # **740898 Secretary of State** 1. Entity Name 02-24-2002 90024 032 ****61.25 OSCEOLA COUNTY ASSOCIATION OF REALTORS, INC. Principal Place of Business Mailing Address 1105 SHADY LANE 1105 SHADY LN KISSIMMEE FL 34744 KISSIMMEE FL 34744 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1806180 Not Applicable Zip -Country Zip Country --\$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CASE, CATHY 1105 SHADY LANE KISSIMMEE FL 34744 City 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE Delete TITLE Change □ Addition PD GRIEB. CHERYL NAME NAME PERRY, JEFF 413 WEST OAK STREET KISSIMMEE, FL 34741 STREET ADDRESS 153 SOUTH ORLANDO AVENUE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP KISSIMMEE FL 34741 PED Addition TITLE Delete TITLE X Change GOODWIN DIETZ, KIM 931 WEST OAK STREET, SUITE 100 PERRY, JEFF NAME NAME 413 WEST OAK STREET STREET ADDRESS STREET ADDRES KISSIMMEE, FL 34741 CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL 34741 TITLE ☐ Delete TITLE Change X Addition SD DIETZ. KIM NAME TREJOS, MELISSA 413 WEST OAK STREET STREET ADDRESS STREET ADDRESS 2932 VINELAND ROAD CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL 34746 KISSIMMEE, FL 34741 X Delete TITLE TITLE 17D ☐ Change X Addition MORIN. EMILY VAN NEST, CLINION 413 WEST OAK STREET STREET ADDRESS STREET ADDRESS 2618 13TH STREET CITY-ST-ZIP CITY-ST-ZIP SAINT CLOUD FL 34769 KISSIMMEE, FL 34741 ☐ Detete ☐ Addition ries. Norm NAME NAME 931 W OAK ST, STE 100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL 34741 TITLE ☐ Delete TIT! F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 apport 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 of 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 w

(9/01)