

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 22, 2000 8:00 am**  
**Secretary of State**

02-22-2000 90020 011 \*\*\*\*61.25

**DOCUMENT # 745203**

1. Entity Name

**LAKE CITY BOARD OF REALTORS, INC.**

Principal Place of Business

Mailing Address

214 S. ALACHUA STREET  
 LAKE CITY FL 32025  
 US

214 S. ALACHUA STREET  
 LAKE CITY FL 32025-7020  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1925395**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HALEY, WILLIAM J.**  
**10 N. COLUMBIA**  
**LAKE CITY, FL CFL 32055**

Name

**GHERNA, DAN L.**

Street Address (P.O. Box Number is Not Acceptable)

**214 SOUTH ALACHUA STREET**

City

**LAKE CITY**

**FL**

Zip Code  
**32025**

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

**DAN L. GHERNA, ASSOCIATION EXECUTIVE 2-8-00**

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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GHERNA, DAN</b>	
STREET ADDRESS	<b>1923B SOUTH 1ST ST.</b>	
CITY-ST-ZIP	<b>LAKE CITY FL 32025</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>TYLER, ELIZABETH</b>	
STREET ADDRESS	<b>966 W DUVAL ST</b>	
CITY-ST-ZIP	<b>LAKE CITY FL 32055</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BLANCHARD, MARIAN</b>	
STREET ADDRESS	<b>4350 US HWY. 90 WEST</b>	
CITY-ST-ZIP	<b>LAKE CITY FL 32055</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ROGERS, WALTER</b>	
STREET ADDRESS	<b>1101 W DUVAL ST</b>	
CITY-ST-ZIP	<b>LAKE CITY FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KITE, EVA</b>	
STREET ADDRESS	<b>RT 13, BOX 845</b>	
CITY-ST-ZIP	<b>LAKE CITY FL</b>	
TITLE	<b>P VP D</b>	<input type="checkbox"/> Delete
NAME	<b>CRAPPS, DANIEL</b>	
STREET ADDRESS	<b>4400 US HWY 90</b>	
CITY-ST-ZIP	<b>LAKE CITY FL 32055</b>	

TITLE	<b>P</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EAGLE, TOM</b>	
STREET ADDRESS	<b>4400 US HWY 90 W.</b>	
CITY-ST-ZIP	<b>LAKE CITY, FL 32055</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TAYLOR, JEFF</b>	
STREET ADDRESS	<b>ROUTE 17, BOX 2022</b>	
CITY-ST-ZIP	<b>LAKE CITY, FL 32024</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ADERHOLT, FAYE</b>	
STREET ADDRESS	<b>1101 W. DUVAL ST.</b>	
CITY-ST-ZIP	<b>LAKE CITY, FL 32055</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TOLAR, ELAINE</b>	
STREET ADDRESS	<b>4350 US HWY 90 W.</b>	
CITY-ST-ZIP	<b>LAKE CITY, FL 32055</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JERVIS, BRENDA</b>	
STREET ADDRESS	<b>966 W. DUVAL ST.</b>	
CITY-ST-ZIP	<b>LAKE CITY, FL 32055</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARTHELMES, WENDELL</b>	
STREET ADDRESS	<b>1457 W. BAYA AVE.</b>	
CITY-ST-ZIP	<b>LAKE CITY, FL 32025</b>	

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 registered agent authorized 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 covered.

SIGNATURE:

**REQUIRED TOM EAGLE**

**2-8-00**

**(904) 755-5110**

DIRECTOR

Date

Daytime Phone #