FILED

## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Feb 11, 2002 8:00 am Secretary of State DOCUMENT # 748176 1. Entity Name 02-11-2002 90172 041 \*\*\*\*61 25 THE GREATER TAMPA ASSOCIATION OF REALTORS, INC. Principal Place of Business Mailing Address 2918 W KENNEDY BLVD 2918 W KENNEDY BLVD 731010 TAMPA FL 33609-0195 TAMPA FL 33609-0195 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-0474867 Not Applicable Zip Country 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) AUSTIN, CAROL A. 2918 W. KENNEDY BLVD. TAMPA FL 33609 Zip Code City FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. (9/01)Addition TITLE ☐ Delete TITLE D MCCALL, MARY NAME NAME STREET ADDRESS **CR2E037** 14823 N DALE MABRY HWY STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33618** CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete : TITLE MADDEN, SUSANNA NAME MARKE STREET ADDRESS 14823 N DALE MABRY HWY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TEMPLE TERRACE FL 33618 Tampa, FL 33618 ☐ Delete TITLE Change ☐ Addition TITLE V ----STANDER, JULIA NAME NAME STREET ADDRESS STREET ADDRESS 11801 N DALE MABRY HWY CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL: 33618** ☐ Delete . TITLE ★ Change ☐ Addition TITLE ADAMS, DEE NAME NAME PO BOX 22061 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33622** ☐ Addition TITLE X Delete TITLE ☐ Change COHEN, NORMA NAME NAME STREET ADDRESS 5000 BAYSHORE BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33611** TITLE ☐ Defete TITLE S **★** Change Addition NAME LAINE, TERRI STREET ADDRESS 3801 BAY TO BAY BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33629

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 suppliemental 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:

13-949-8924

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1. Entity Name		73/07 IPA ASSOCIATIO	N OF REA	ALTORS, INC.				·				
Principal Place of Business Mailing Address												
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2. Principal Pl	ace of Busine	3. Mailir	3. Mailing Address				and all enthrether of					
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City	City & State				4. FEI Number Applied For Not Applicable				
Zip Country		Country	Zip		Country			5. Certificate of S	tatus Desired		\$8.75 Add Fee Required	litional
	6. Name a	nd Address of Currer	Current Registered Agent			Name	7. Name and Address of New Registered Agent Name					
AUSTIN, CA		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	er <del>gerte George George</del> (1868)			Street Address (P.O. Box Number is Not Acceptable)						
2918 W. KI	ennedy BL/											
TAMPA FL 33609							City FL Zip Code					Ð
8. The above	named entity	submits this statement	for the purpo	se of changing its	register	ed office or	register	red agent, or both, in	the state of Flo	orida.		
* *		•							•	•		
SIGNÄTURE .	Signature, typed or	printed name of registered age	nt and title if applic	cable. (NOTE	: Registere	ed Agent signate	ure required	d when reinstating)	<del></del> .	. DATE		<del></del> .
146° 167						···				(a)		
i i e e e	ILE NOW	FEE IS \$61.25		9. Election Can Trust Fund C		-		\$5.00 May Be Added to Fees			k Payable nt of State	
10.		OFFICERS AND I	DIRECTORS		11.			ADDITIONS/CHANG	SES TO OFFICE	RS AND DI	RECTORS IN	10
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12. I hereby e indicated of the cor	on this report poration or the	information supplied w or supplemental repor e receiver or trustee en chment with an addres	t is true and a apowered to a	accurate and that n execute this report	the exe ny signa as requ	emption sta	AMI AVEL	same legal effect as	s it made under	oato: toat i	am an once	OL CHERCIO

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SIGNATURE: