

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90107 003 ****70.00

DOCUMENT # 748331

1. Entity Name

FLAGLER COUNTY ASSOCIATION OF REALTORS, INC.

Principal Place of Business

Mailing Address

**2010 E. STATE HWY 100
 BUNNELL FL 32110**

**P.O. BOX 1997
 FLAGLER BEACH FL 32136-1997
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-211176

Applied For

Not Applicable

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

**SAPIENZA, STEPHEN
 300 N STATE ST
 C/O P O BOX 635
 BUNNELL FL 32110**

Name

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

City

FL

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.

SIGNATURE

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 **D** Delete
 NAME **WARREN, CHARLES V**
 STREET ADDRESS **1 FLORIDA PARK DR, STE 1**
 CITY-ST-ZIP **PALM COAST FL 32137**

TITLE **DVP** Change Addition
 NAME **BRUCE A VINNICK**
 STREET ADDRESS **185 CYPRESS POINT PARKWAY, SUITE 4**
 CITY-ST-ZIP **PALM COAST FL 32164**

TITLE **D** Delete
 NAME **NIEMINEN, SCOTT**
 STREET ADDRESS **96 FLAGLER PLAZA DR**
 CITY-ST-ZIP **PALM COAST FL**

TITLE **DT** Change Addition
 NAME **CARLOS PINTO**
 STREET ADDRESS **185 CYPRESS POINT PARKWAY, SUITE 4**
 CITY-ST-ZIP **PALM COAST FL 32164**

TITLE **DP** Delete
 NAME **SMITH, JON**
 STREET ADDRESS **1240 PALM COAST PKWY**
 CITY-ST-ZIP **PALM COAST FL 32137**

TITLE **D** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPD** Delete
 NAME **ROBERT MORRIS**
 STREET ADDRESS **1240 PALM COAST PARKWAY**
 CITY-ST-ZIP **PALM COAST FL**

TITLE **VPD** Change Addition
 NAME **GARY JOHANSEN**
 STREET ADDRESS **146 SO ATLANTIC AVE**
 CITY-ST-ZIP **ORMOND BEACH FL 32176**

TITLE **VPD** Delete
 NAME **WILSON, GEORGE M**
 STREET ADDRESS **PO BOX 434**
 CITY-ST-ZIP **FLAGLER BEACH FL 32136-0434**

TITLE **DP** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DS** Delete
 NAME **BARNEY, JUDITH A**
 STREET ADDRESS **PO BOX 1298**
 CITY-ST-ZIP **BUNNELL FL 32110-1298**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: [Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17 Feb 00 Date
139-9130 Daytime Phone #

CR2E037 (9/99)