

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 07, 2000 8:00 am  
Secretary of State

02-07-2000 90033 015 \*\*\*150.00

**DOCUMENT # F78349**

1. Entity Name

**SEBRING MULTIPLE LISTING SERVICE, INC.**

Principal Place of Business

Mailing Address

3200 US 27 SOUTH  
STE #302  
SEBRING FL 33870  
US

3200 US 27 SOUTH  
STE 302  
SEBRING FL 33870-5424  
US

B0015536



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2205923**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARINE, DEBRA A  
3200 US 27 SOUTH  
SUITE 302  
SEBRING FL 33870

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                      |                                            |
|----------------|----------------------|--------------------------------------------|
| TITLE          | D                    | <input checked="" type="checkbox"/> Delete |
| NAME           | MARABEL, STEVE       |                                            |
| STREET ADDRESS | 3602 MONZA DR        |                                            |
| CITY-ST-ZIP    | SEBRING FL 33872     |                                            |
| TITLE          | P                    | <input type="checkbox"/> Delete            |
| NAME           | FRICKER, LOWELL J JR |                                            |
| STREET ADDRESS | 2523 US 27 SOUTH     |                                            |
| CITY-ST-ZIP    | AVON PARK FL 33825   |                                            |
| TITLE          | PE                   | <input checked="" type="checkbox"/> Delete |
| NAME           | OTTERMAN, TERRI      |                                            |
| STREET ADDRESS | 2617 US 27 SOUTH     |                                            |
| CITY-ST-ZIP    | SEBRING FL 33870     |                                            |
| TITLE          | VP                   | <input checked="" type="checkbox"/> Delete |
| NAME           | BORING, LINDA        |                                            |
| STREET ADDRESS | 235 US 27 N.         |                                            |
| CITY-ST-ZIP    | SEBRING FL 33870     |                                            |
| TITLE          | AE                   | <input type="checkbox"/> Delete            |
| NAME           | MARINE, DEBRA A      |                                            |
| STREET ADDRESS | 3200 US 27 SOUTH     |                                            |
| CITY-ST-ZIP    | SEBRING FL 33870     |                                            |
| TITLE          | T                    | <input type="checkbox"/> Delete            |
| NAME           | DONOHUE, JAMES       |                                            |
| STREET ADDRESS | 235 US N.            |                                            |
| CITY-ST-ZIP    | SEBRING FL 33870     |                                            |

|                |                         |                                                                              |
|----------------|-------------------------|------------------------------------------------------------------------------|
| TITLE          | P                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | James K. Otterman       |                                                                              |
| STREET ADDRESS | 2617 US 27 South        |                                                                              |
| CITY-ST-ZIP    | Sebring 71 33870        |                                                                              |
| TITLE          | D                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Lowell J. Fricker, Sr   |                                                                              |
| STREET ADDRESS | 2532 US 27 South        |                                                                              |
| CITY-ST-ZIP    | Avon Park 71 33825      |                                                                              |
| TITLE          | VP                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Teresa Back             |                                                                              |
| STREET ADDRESS | 2617 US 27 South        |                                                                              |
| CITY-ST-ZIP    | Sebring 71 33870        |                                                                              |
| TITLE          | VP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | James Wood              |                                                                              |
| STREET ADDRESS | 1000-A West Main Street |                                                                              |
| CITY-ST-ZIP    | Avon Park 71 33825      |                                                                              |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |                                                                              |
| STREET ADDRESS |                         |                                                                              |
| CITY-ST-ZIP    |                         |                                                                              |

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James K. Otterman President

1-13-00 863-382-3157