

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State
 04-27-2000 90075 050 ***150.00

DOCUMENT # L06269
 1. Entity Name
KILLEARN BROKERS REALTY, INC.

Principal Place of Business 3646 SHAMROCK W TALLAHASSEE FL 32308-2642 US	Mailing Address 3646 SHAMROCK W TALLAHASSEE FL 32308-2642 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number **59-2972851** 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
**BRYARS, PATRICIA G
 2547 ARENDELL WAY
 TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent
 Name **VanLandingham, Gwen**
 Street Address (P.O. Box Number is Not Acceptable) **3412 Castlebar Circle**
 City **Tallahassee** FL Zip Code **32308**

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 *Gwen VanLandingham* **GWEN VANLANDINGHAM** DATE **4/21/00**
Signature, typed or printed name of registered agent and type, if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ROBERTS, GERALDINE C. 3518 LIMERICK DR. TALLAHASSEE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete DAVIS, DIANNE D. 2202 KILLARNEY WAY TALLAHASSEE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Delete MATHIS, DORIS K 1949 CHARLAIS ST TALLAHASSEE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HELM, NANCY H 2301 KILKENNEY WAY TALLAHASSEE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete DRAKE, BETTE H. 2963 PADDINGTON DRIVE TALLAHASSEE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ATWELL, JENNIFER 2320 MEATHE DR. TALLAHASSEE FL 32308

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Roberts, Geraldine C. 3518 Limerick Dr. Tallahassee, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Drake, Bette H. 3735 Swallowtail Trace Tallahassee, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1st Vice President Atwell, Jennifer 2320 Meathe Drive Tallahassee, FL 32308

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: *Gwen VanLandingham* **GWEN VANLANDINGHAM** DATE **4/21/00** (850) **893-6100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

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OFFICERS AND DIRECTORS		CHANGES/ADDITIONS to OFFICERS & DIRECTORS	
Title	President	Title	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Name	Bryars, Patricia	Name	Bryars, Patricia
Address	2547 Arendell Way	Address	2547 Arendell Way
City/St/Zip	Tallahassee, FL 32308	City/St/Zip	Tallahassee, FL 32308
Title	Director	Title	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Name	Chapman, Cora Ann	Name	Chapman, Cora Ann
Address	1567 Groveland Hills Dr.	Address	1567 Groveland Hills Drive
City/St/Zip	Tallahassee, FL 32311	City/St/Zip	Tallahassee, FL 32311
Title	Director	Title	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Name	Hock, Abigail W.	Name	
Address	4044 McLaughlin Drive	Address	
City/St/Zip	Tallahassee, FL 32308	City/St/Zip	
Title	Director	Title	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Name	Cartee, Sherrie	Name	Cartee, Sherrie
Address	6536 Alan-A-Dale	Address	6719 Tim Tam Trail
City/St/Zip	Tallahassee, FL 32308	City/St/Zip	Tallahassee, FL 32308
Title	President	Title	Broker & 2nd Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Name	VanLandingham, Gwen	Name	VanLandingham, Gwen
Address	3412 Castlebar Circle	Address	3412 Castlebar Circle
City/St/Zip	Tallahassee, FL 32308	City/St/Zip	Tallahassee, FL 32308
Title		Title	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Name		Name	
Address		Address	
City/St/Zip		City/St/Zip	
Title		Title	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Name		Name	
Address		Address	
City/St/Zip		City/St/Zip	
Title		Title	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Name		Name	
Address		Address	
City/St/Zip		City/St/Zip	
Title		Title	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Name		Name	
Address		Address	
City/St/Zip		City/St/Zip	