

2001 UNIFORM BUSINESS REPORT (UBR)

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

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 59-2972851

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VANLANDINGHAM, GWEN
3412 CASTLEBAR CIR
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name

CARTEE, SHERRIE

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

6719 TIM TAM TRAIL

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

Sherrie Cartee

Sherrie Cartee

3/21/01

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, 2001 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	T	<input type="checkbox"/> Delete
NAME	ROBERTS, GERALDINE C.	
STREET ADDRESS	3518 LIMERICK DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, DIANNE D.	
STREET ADDRESS	2202 KILLARNEY WAY	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MATHIS, DORIS K	
STREET ADDRESS	1949 CHARLAIS ST	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HELM, NANCY H	
STREET ADDRESS	2301 KILKENNEY WAY	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DRAKE, BETTE H.	
STREET ADDRESS	3735 SWALLOWTAIL TRACE	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	1V	<input type="checkbox"/> Delete
NAME	ATWELL, JENNIFER	
STREET ADDRESS	2320 MEATHE DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32308	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roberts, Geraldine C.	
STREET ADDRESS	3518 Limerick Dr.	
CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Atwell, Jennifer	
STREET ADDRESS	2320 Meathe Dr.	
CITY-ST-ZIP	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:

Sherrie Cartee

Sherrie Cartee 3/22/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90025 025 ***150.00



DO NOT WRITE IN THIS SPACE

0027026

CR2E034 (10/00)

attachment
 0# LD6269
 638376

OFFICERS AND DIRECTORS		CHANGES/ADDITIONS to OFFICERS & DIRECTORS	
Title	Director	Title	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Name	Bryars, Patricia	Name	
Address	2547 Arendell Way	Address	
City/St/Zip	Tallahassee, FL 32308	City/St/Zip	
Title	Secretary	Title	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Name	Chapman, Cora Ann	Name	
Address	1567 Groveland Hills Dr.	Address	
City/St/Zip	Tallahassee, FL 32311	City/St/Zip	
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	President	Title	Broker & 2nd Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Name	Cartee, Sherrie	Name	Cartee, Sherrie
Address	6719 Tim Tam Trail	Address	6719 Tim Tam Trail
City/St/Zip	Tallahassee, FL 32308	City/St/Zip	Tallahassee, FL 32308
Title	Broker/2nd Vice President	Title	Treasurer <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	