

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90020 006 ***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**

2. Principal Place of Business

**2121-B Killarney Way
Suite, Apt. #, etc.**

3. Mailing Address

**2121-B Killarney Way
Suite, Apt. #, etc.**

City & State

Tallahassee, FL

City & State

Tallahassee, FL

4. FEI Number

59-2972851

Applied For

Not Applicable

Zip

32309

Country

USA

Zip

32309

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CARTEE, SHERRIE
6719 TIM TAM TRAIL
TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent

Name
Atwell, Jennifer
Street Address (P.O. Box Number is Not Acceptable)
2320 Meath Drive

City **Tallahassee** **FL** Zip Code **32309**

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

Jennifer Atwell

2-19-02

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, 2002 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	VP ROBERTS, GERALDINE C. 3518 LIMERICK DR. TALLAHASSEE FL 32308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, DIANNE D. 2202 KILLARNEY WAY TALLAHASSEE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELM, NANCY H 2301 KILKENNEY WAY TALLAHASSEE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRAKE, BETTE H. 3735 SWALLOWTAIL TRACE TALLAHASSEE FL 32308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ATWELL, JENNIFER 2320 MEATH DR. TALLAHASSEE FL 32308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Roberts, Geraldine C. 3518 Limerick Dr. Tallahassee, FL 32309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Davis, Dianne D. 2202 Killarney Way Tallahassee, FL 32309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Helm, Nancy H 2301 Kilkenney Way Tallahassee, FL 32309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Drake, Bette H. 3735 Swallowtail Trace Tallahassee, FL 32309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Broker & 2nd Vice President Atwell, Jennifer 2320 Meath Dr. Tallahassee, FL 32309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #

**850
2-19-02 893-6100**

CR2E034 (9/01)

Attachment #L06269

OFFICERS AND DIRECTORS		CHANGES/ADDITIONS to OFFICERS & DIRECTORS	
Title	Director	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 32309
Title	Secretary	Title	Director <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 Dr.
City/St/Zip	Tallahassee, FL 32311	City/St/Zip	Tallahassee, FL 32317
Title	Director	Title	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Name	Hock, Abigail W.	Name	Hock, Abigail W.
Address	4044 McLaughlin Drive	Address	4044 McLaughlin Drive
City/St/Zip	Tallahassee, FL 32308	City/St/Zip	Tallahassee, FL 32309
Title	President	Title	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 32309
Title	Treasurer <input checked="" type="checkbox"/> DELETE	Title	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Name	VanLandingham, Gwen	Name	
Address	3412 Castlebar Circle	Address	
City/St/Zip	Tallahassee, FL 32308	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	

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