


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90856 036 ***150.00

DOCUMENT # L06269

1. Entity Name
KILLEARN BROKERS REALTY, INC.



Principal Place of Business
**2121-B KILLARNEY WAY
TALLAHASSEE FL 32309
US**

Mailing Address
**2121-B KILLARNEY WAY
TALLAHASSEE FL 32309
US**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**ATWELL, JENNIFER
2320 MEATH DRIVE
TALLAHASSEE FL 32309**

4. FEI Number **59-2972851**
Applied For
Not Applicable

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

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Jennifer Atwell Treasurer **02/27/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBERTS, GERALDINE C. 3518 LIMERICK DR. TALLAHASSEE FL 32309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAVIS, DIANNE D. 2202 KILLARNEY WAY TALLAHASSEE FL 32309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HELM, NANCY H 2301 KILKENNY WAY TALLAHASSEE FL 32309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRAKE, BETTE H. 3735 SWALLOWTAIL TRACE TALLAHASSEE FL 32309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP ATWELL, JENNIFER 2320 MEATHE DR. TALLAHASSEE FL 32309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T 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	T 1st 6mos/VP 2nd 6mos 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	BROKER 1st 6mos/S 2nd 6mos HELM, NANCY H 2301 KILKENNY WAY TALLAHASSEE, FL 32309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P 1st 6mos/Broker 2nd 6mos 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	T ATWELL, JENNIFER 2320 MEATHE 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

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 607, 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: Jennifer Atwell **2-27-03** **850 933-8872**
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

Attachment 80044715

L06269

OFFICERS AND DIRECTORS		CHANGES/ADDITIONS to OFFICERS & DIRECTOR	
Title	Director	Title	S X iChange iAddition
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	D	Title	VP 1st 6mos/P 2nd 6mos X iChange iAddition
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	D	Title	D 1st 6mos/S 2nd 6mos X iChange iAddition
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	VP	Title	D 1st 6mos/T 2nd 6mos X iChange iAddition
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