5/10

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2001 8:00 am
Secretary of State
05-10-2001 90035 021 ****61.25

DOCUMENT # N00000005338

1. Entity Name

NORTHEAST FLORIDA ASSOCIATION OF RESIDENTIAL PRO

Principal Place of Business	Mailing Address
3943 BAYMEADOWS ROAD JACKSONVILLE FL 32217	3943 BAYMEADOWS ROAD JACKSONVILLE FL 32217

5790

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
565 Kingsley Ave, Suite, Apt. #, etc.	565 Kingsley Ave Suite, Apt. #, etc.
City & State: Orange Park, FL	City & State: Orange Park, FL
Zip: 32073 Country: Clay	Zip: 32073 Country: Clay

4. FEI Number ☑ Applied For ☐ Not Applicable

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
HEIST, H. ANTHONY 1661 ESTERO BOULEVARD SUITE 20 FORT MYERS BEACH FL 33931	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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVIS, WENDELL D 3943 BAYMEADOWS ROAD JACKSONVILLE FL 32217	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President D Steve Latham 565 Kingsley Ave Orange Park, FL 32073	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SAPIA, JOAN 254 3RD STREET NEPTUNE BEACH FL 32266	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V D Dee Bumgarger 1709 St. Johns Bluff Rd Jax FL 32225	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARTIN, CAROLE 280 PONTE VEDRA BOULEVARD PONTE VEDRA BEACH FL 32082	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S D Carole Martin 280 Ponte Vedra Blvd Ponte Vedra Bch, FL 32082	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WOODS, PAUL 3943 BAYMEADOWS ROAD JACKSONVILLE FL 32217	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Tres D Wanda Franklin 10450 San Jose Blvd Jax FL 32257	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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 617, 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: SIGNATURE REQUIRED 4/27/01 904-264-4626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #