2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2000 8:00 am
Secretary of State
02-19-2000 90018 041 ***150.00

DOCUMENT # 609332

1. Entity Name

NORTH FLORIDA MULTIPLE LISTING SERVICE, INC.

Principal Place of Business	Mailing Address
SOUTH ALACHUA ST CITY FL 32025	214 SOUTH ALACHUA ST LAKE CITY FL 32025-7020 US

DO NOT WRITE IN THIS SPACE

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 59-1904568 ☐ 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
BLANCHARD, MARION M 214 SOUTH ALACHUA STREET LAKE CITY FL 32025	Name: GHERNA, DAN L. Street Address (P.O. Box Number is Not Acceptable): 214 SOUTH ALACHUA STREET City: LAKE CITY FL Zip Code: 32025

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: Dan Gherna — DAN L. GHERNA, ASSOCIATION EXECUTIVE — 2-8-00
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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CORACI, ELAINE RT 20, BOX 845 LAKE CITY FL 32055	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BURD, DALE 428 E. BAYA AVE. LAKE CITY, FL 32025	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEE, MARIE 123 E HOWARD ST LAKE CITY FL 32060	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD RANKIN, JOCK 1815 W. HOWARD ST. LIVE OAK, FL 32060	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROGERS, MARIA 1101 W DUVAL ST LIVE OAK FL 32055	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCALL, GLENDA 123 E. HOWARD ST. LIVE OAK, FL 32060	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MITCHELL, OLA RT 2 BOX 6013 LAKE CITY FL 32024	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHR, SHIRLEY 4400 W. US HWY 90 LAKE CITY, FL 32055	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~S~~ D GEIBEIG, LORI 4350 US 90 HWY W LIVE OAK FL 32055	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CURRY, CHRIS 4400 W. US HWY 90 LAKE CITY, FL 32055	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ PRES LAWRENCE, BARBARA 1923B S 1ST ST LAKE CITY FL 32055	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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 re...ustee 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 attach...ar... ...ou... like empowered.

SIGNATURE: Barbara Lawrence — REQUIRED — BARBARA LAWRENCE — 2-8-00 — (904) 752-3224
SIGNATURE AND TYPED ...ED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #