

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 743325

1. Entity Name

CHIPOLA AREA BOARD OF REALTORS, INC.

**FILED**  
**Feb 25, 2000 8:00 am**  
**Secretary of State**

02-25-2000 90028 025 \*\*\*\*61.25

Principal Place of Business

2912 GREEN ST STE B  
P.O. BOX 238  
MARIANNA FL 32446

Mailing Address

2912 GREEN ST STE B  
P.O. BOX 238  
MARIANNA FL 32446-3334

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2147602

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HOLLINSWORTH, JEAN A  
4291 LAFAYETTE ST  
MARIANNA FL 32446

Name

Riley, Carolyn J.

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

4299 Lafayette Street

City

Marianna

FL

Zip Code  
32446

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

*Carolyn J. Riley*

Riley, Carolyn J.

02/14/00

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	P	<input type="checkbox"/> Delete
NAME	KIRKLAND, GLORIA J	
STREET ADDRESS	4291 LAFAYETTE ST	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BYLSMA, OUIDA M	
STREET ADDRESS	4630 HIGHWAY 90	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	JAMES, ROBERTSON	
STREET ADDRESS	2664 CHOCTOW TRAIL	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTS, JAMES M JR	
STREET ADDRESS	4207 LAFAYETTE ST	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	D	<input type="checkbox"/> Delete
NAME	STUART, VIRGINIA C	
STREET ADDRESS	4389 LAFAYETTE ST STE A	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RILEY, CAROLYN J	
STREET ADDRESS	4299 LAFAYETTE ST	
CITY-ST-ZIP	MARIANNA FL 32446	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Riley, Carolyn J.	
STREET ADDRESS	4299 Lafayette Street	
CITY-ST-ZIP	Marianna, FL 32446	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Morris, Ouida M.	
STREET ADDRESS	4630 Highway 90	
CITY-ST-ZIP	Marianna, FL 32446	
TITLE	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hollingsworth, Jean A.	
STREET ADDRESS	846 5th Street	
CITY-ST-ZIP	Chipley, FL 32428	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kirkland, Gloria J.	
STREET ADDRESS	4291 Lafayette St.	
CITY-ST-ZIP	Marianna, FL 32446	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Williams, Edwin Roger	
STREET ADDRESS	4483 Lime Street	
CITY-ST-ZIP	Marianna, FL 32446	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Carolyn J. Riley*

Riley, Carolyn J. 02/14/00

(850) 526-4030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)