

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22230

1. Entity Name

REALTOR ASSOCIATION OF GREATER FORT LAUDERDALE C

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90009 013 ****61.25

Principal Place of Business Mailing Address
C/O DANIEL H LINDBLADE CAE C/O DANIEL H LINDBLADE CAE
1765 N.E. 26TH STREET 1765 N.E. 26TH STREET
FORT LAUDERDALE FL 33305 FORT LAUDERDALE FL 33305-1438
US US

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 65-0003512 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

LINDBLADE, DANIEL H CAE
1765 NE 26TH ST
FT LAUDERDALE FL 33305

Name RENE E. GALVAN
Street Address (P.O. Box Number is Not Acceptable) 1765 N.E. 26th Street
City Ft. Lauderdale, FL Zip Code 33305-1438

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 *René E. Galvan* RENE E. GALVAN February 17, 2000
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	CLAUDETTE BRUCK	
STREET ADDRESS	6610 N UNIV DR, STE 200	
CITY-ST-ZIP	TAMARAC FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JAMES NALL	
STREET ADDRESS	4611 N.E. 25 AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ANDERSON, MYRTLE T	
STREET ADDRESS	901 S.E. 17 ST, #206	
CITY-ST-ZIP	FT LAUDERDALE FL 33316	
TITLE	ST	<input type="checkbox"/> Delete
NAME	JOSEPH R MILLSAPS	
STREET ADDRESS	671 E COMMERCIAL BLVD	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BALISTRERI, JAMES M	
STREET ADDRESS	3099 E. COMMERCIAL BLVD.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary Ann Bongiorno	
STREET ADDRESS	3100 E. Commercial Blvd.	
CITY-ST-ZIP	Fort Lauderdale, FL 33308-4327	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Terry L. Cohen	
STREET ADDRESS	850 Riverside Drive	
CITY-ST-ZIP	Coral Springs, FL 33071-7010	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Margaret M. Horkheimer	
STREET ADDRESS	4201 N. Federal Hwy.	
CITY-ST-ZIP	Pompano Beach, FL 33064-6098	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph R. Millsaps	
STREET ADDRESS	5300 N. Federal Hwy.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33308-3200	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carol R. Metevier	
STREET ADDRESS	3438 N. Ocean Blvd.	
CITY-ST-ZIP	Fort Lauderdale, FL 33308-6902	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chari L. Miles	
STREET ADDRESS	1350 N. Federal Hwy.	
CITY-ST-ZIP	Pompano Beach, FL 33062-3730	

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: *Claudette Bruck* CLAUDETTE BRUCK 02/17/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/99)