

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jan 09, 2001 8:00 am**  
**Secretary of State**

01-09-2001 90005 028 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # 609332</b>			
1. Entity Name <b>NORTH FLORIDA MULTIPLE LISTING SERVICE, INC.</b>			
Principal Place of Business <b>214 SOUTH ALACHUA ST LAKE CITY FL 32025 US</b>		Mailing Address <b>214 SOUTH ALACHUA ST LAKE CITY FL 32025 US</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-1904568</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BLANCHARD, MARION M 214 SOUTH ALACHUA STREET LAKE CITY FL 32025</b>		7. Name and Address of New Registered Agent Name <b>Dan L. Gherna</b> Street Address (P.O. Box Number is Not Acceptable) <b>214 S. Alachua St.</b> City <b>Lake City</b> <b>FL</b> Zip Code <b>32025</b>	
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 <b>Dan L. Gherna</b> <b>01/03/01</b> <small>Signature (Typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating.) DATE</small>			
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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 BURD, DALE 428 E BAYA AVE LAKE CITY FL 32025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Burd, Dale 428 E. Baya Ave Lake City FL 32025 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RANKIN, JOCK 1815 W HOWARD ST LIVE OAK FL 32060 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Jock Rankin 1815 W. Howard Live Oak FL 32060 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, MARIA 1101 W DUVAL ST LIVE OAK FL 32055 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Barbara Lawrence 1457 W. Baya Ave. Lake City FL 32025 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCALL, GLENDA 123 E HOWARD ST LIVE OAK FL 32060 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP McCall, Glenda 123 E. Howard St. Live Oak FL 32060 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEIBEIG, LORI 4350 US 90 HWY W LIVE OAK FL 32055 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Crapps, Daniel 4400 US 90 W. Lake City FL 32055 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAWRENCE, BARBARA 1923B S 1ST ST LAKE CITY FL 32055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Taylor, Jeffrey T. Rt. 17 Box 2022 Lake City FL 32024 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 receiver or trustee 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 attachment with an address, with all other like empowered.			
SIGNATURE:		Jeffrey T. Taylor <b>01/03/01</b> <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	

CR2E034 (10/00)