

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 745203

1. Entity Name

LAKE CITY BOARD OF REALTORS, INC.

Principal Place of Business

214 S. ALACHUA STREET
LAKE CITY FL 32025
US

Mailing Address

214 S. ALACHUA STREET
LAKE CITY FL 32025
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

59-1925395

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

GHERNA, DAN L
214 SOUTH ALCHUA STREET
LAKE CITY FL 32025

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

TITLE	P	<input type="checkbox"/> Delete
NAME	EAGLE, TOM	
STREET ADDRESS	4400 US HWY 90 W	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TAYLOR, JEFF	
STREET ADDRESS	ROUTE 17 BOX 2022	
CITY-ST-ZIP	LAKE CITY FL 32024	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ADERHOLT, FAYE	
STREET ADDRESS	1101 W DUVAL ST	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TOLAR, ELAINE	
STREET ADDRESS	4350 US HWY 90 W	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	D	<input type="checkbox"/> Delete
NAME	JERVIS, BRENDA	
STREET ADDRESS	966 W DUVAL ST	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	CRAPPS, DANIEL	
STREET ADDRESS	4400 US HWY 90	
CITY-ST-ZIP	LAKE CITY FL 32055	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Taylor, Jeff	
STREET ADDRESS	Rt.17 Box 2022	
CITY-ST-ZIP	Lake City FL 32024	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Simpson, Lori	
STREET ADDRESS	4350 US HWY 90 W	
CITY-ST-ZIP	Lake City FL 32055	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Creel, Janet	
STREET ADDRESS	966 W. Duval St.	
CITY-ST-ZIP	Lake City FL 32055	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rogers, Maria	
STREET ADDRESS	1101 W. Duval St.	
CITY-ST-ZIP	Lake City FL 32055	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tom Eagle	
STREET ADDRESS	4400 US 90 W.	
CITY-ST-ZIP	Lake City FL 32055	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeff Taylor 01-02-01 904-752-4663

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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