2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State
01-13-2003 90490 049 ***150.00

DOCUMENT # 609332

1. Entity Name
NORTH FLORIDA MULTIPLE LISTING SERVICE, INC.

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

2. Principal Place of Business	3. Mailing Address
236 SW ALACHUA AVE	236 SW ALACHUA AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: LAKE CITY FL
Zip: 32025 Country: COLUMBIA	Zip: 32025 Country: COLUMBIA

☒ CHECK HERE IF MAKING CHANGES

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

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Dan Gherna 1-10-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP TOLAR, ELAINE 4350 US 90 W LAKE CITY FL 32055	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JOANNA P. ELLIS 379 W. DUVAL ST LAKE CITY FL 32025	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RANKIN, JOCK 1815 W HOWARD ST LIVE OAK FL 32060	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MYLES, DEBORAH 3101 W. US HWY 90 LAKE CITY FL 32025	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CRAPPS, DANIEL 4400 US 90 W LIVE OAK FL 32055	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SCOTT, MELINDA 123 E HOWARD ST LIVE OAK FL 32064	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BATTEN, STAN 5012 W US 90 LAKE CITY FL 32055	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TYLER, BETSY 966 W DUVAL STREET LAKE CITY FL 32055	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP	☒ Change ☐ Addition

CR2E034 (10/02)

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 607, 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: Deborah F. Myles 1/10/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #