## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # 743325**

1. Entity Name

CHIPOLA AREA BOARD OF REALTORS, INC.



**FILED** Apr 03, 2003 8:00 am Secretary of State 04-03-2003 90189 009 \*\*\*\*61.25

				GO WE THE				
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		T CORNEL CORNE DEL	188 MORE MINE MORE ŽIM RIE	II GIRIN BURIN GIBIN GI	<u> </u>	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number 59-2147602		Applied For	
Zip Country		Zip	Country	у	5. Certificate of Status Desired		Not Applicable  \$8.75 Additional	
	Resistant Acad	The service of the se			ddress of New Registered Agent			
	6. Name and Address of Current	Registered Agent		Name	_			
WILLIAMS, NEAL 2878 N MADISON MARIANNA FL 32446				Street Address (P.O. Box Number is Not Acceptable)				
				MARI	ARIANNA		FL ZZ	46
	named entity submits this statement fo	or the purpose of changing its	registered o	office or register	red agent, or both, in	the State of Florida. I	am familiar with,	and accept
the obligations of registered agent.  SIGNATURE FUNIE J. KOHO EXEC DEFICER 4-2-3803  Signature, typed or printed name of registered agent and title if applicability (NOTE: Registered Agent signature required when reinstating)  DATE								
FILE NOW: FEE IS \$61.25  9. Election Campain Trust Fund Contribution					\$5.00 May Be Added to Fees		eck Payable partment of S	
10.	OFFICERS AND DII		11.	1-2	ADDITIONS/CHANG	ES TO OFFICERS AND	DIRECTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, NEAL R 2878 NORTH MADISON MARIANNA FL 32446	□ Delete	TITLE NAME STREET AI CITY-ST-		WILLIAMS, N 2878 NORTH MARIANNA,	MADISON	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILTON, KATHY S 4304 LAFAYETTE STRET MARIANA FL 32496	☐ Delete	TITLE NAME STREET AI CITY-ST-	. 1		· <del></del>	☐ Change	Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	ST SIMMONS, BARBARA E 4327 SEVENTH AVENUE MARIANNA FL 32446	Celete	TITLE NAME STREET AL CITY-ST-	l l	WILLIAMS, J 2888 JEFFERS MARIANNA,	SON ST	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, JAMES M JR 4207 LAFAYETTE STREET MARIANNA FL 32446	☐ Delete	TITLE NAME STREET AL CITY-ST-				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLINSOWRTH, JEAN A 846 5TH STREET MARIANNA FL 32446	<b>▼</b> Delete	TITLE NAME STREET AL CITY-ST-	DDRESS 42	APP, TIMOTHY 61 W. LAFAYE ARIANNA, FL 3	TTE	☐ Change	☐ Addition
TITLE NAME Street address City-St-Zip	D STUART, VIRGINIA C 4389 LAFAYETTE STREET S#A MARIANNA FL 32446	<b>X</b> Delete	TITLE NAME STREET AG CITY-ST-	ODRESS	Chadwrl 935 mai Chipley		☐ Change	Addition

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:

4.2 2003