

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 01, 2000 8:00 am  
Secretary of State

02-01-2000 90109 031 \*\*\*150.00

DOCUMENT # 485269

1. Entity Name

MULTIPLE LISTING SERVICE OF GREATER FORT MYERS A

Principal Place of Business

Mailing Address

2840 WINKLER AVE  
FORT MYERS FL 33916

2840 WINKLER AVE  
FORT MYERS FL 33916-9302

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

59-1621769

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WINESETT, RICHARD  
2248 FIRST ST  
FORT MYERS FL 33901

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD  
NAME LOOMIS, DENISE  
STREET ADDRESS 185 JEFFERSON STREET  
CITY-ST-ZIP FT MYERS BEACH FL 33931 ☐ Delete

TITLE P  
NAME COLE, DAVID  
STREET ADDRESS 2419 PINWOODS CIR  
CITY-ST-ZIP NAPLES FL 34105 ☐ Delete

TITLE T  
NAME BARRETT, THOMAS  
STREET ADDRESS 132 PEBBLE SHORES DR #204  
CITY-ST-ZIP NAPLES FL 34110 ☒ Delete

TITLE S  
NAME STEVENSON, DOLORES  
STREET ADDRESS 1704 SAVONA PKWY  
CITY-ST-ZIP CAPE CORAL FL 33904 ☐ Delete

TITLE IPP  
NAME PAUL, ELIZABETH  
STREET ADDRESS 15178 PARKSIDE DR #5  
CITY-ST-ZIP FORT MYERS FL 33908 ☒ Delete

TITLE P  
NAME SHAFER, CYNTHIA  
STREET ADDRESS 6035 ESTERO BLVD  
CITY-ST-ZIP FORT MYERS FL 33908 ☒ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE IPP  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE Pierce, Thomas  
NAME 3501 Del Prado Blvd  
STREET ADDRESS Cape Coral, FL 33904  
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE Hussey-Mulhearn, Deborah  
NAME 2450 Estero Blvd  
STREET ADDRESS Ft Myers Bch, FL 33931  
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE CEO  
NAME Lang, Linda  
STREET ADDRESS 2840 Winkler Ave  
CITY-ST-ZIP Fort Myers, FL 33914 ☐ Change ☒ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-18-00

941-936-3537

CR2E034 (9/99)