2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State
04-24-2002 90383 021 ***150.00

DOCUMENT # 553055

1. Entity Name
JOHN R. WOOD, INC.

Principal Place of Business	Mailing Address
3255 TAMIAMI TRAIL N. NAPLES FL 34103 US	3255 TAMIAMI TRAIL N. NAPLES FL 34103 US

DO NOT WRITE IN THIS SPACE

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 59-1782528 ☐ 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
WOOD, PHILLIP R. 3255 TAMIAMI TRAIL N NAPLES FL 34103	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WOOD, PHILLIP R 3255 TAMIAMI TRAIL N. NAPLES FL 34103	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD WOOD, JOHN R 3255 TAMIAMI TRAIL N. NAPLES FL 34103	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVDS BADCOCK, DOROTHY D 3255 TAMIAMI TRAIL N. NAPLES FL 34103	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SCARTZ, JAMES 3255 TAMIAMI TRAIL N. NAPLES FL 34103	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T TOMSIC, LARRY 3255 TAMIAMI TRAIL N. NAPLES FL 34103	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/01)

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: SIGNATURE REQUIRED Phillip R. Wood 4/1/02 239-261-6622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Legendary Service Since 1958

ATTACH# 553055 6375 29

JOHN R. WOOD INC., REALTORS

johnrwood.com

March 25, 2002

Department of Professional Regulation
Division of Real Estate
Florida Real Estate Commission
400 West Robinson Street
Orlando, FL 32801-1772

To Whom It May Concern:

This letter will serve as notification that David Spencer, (#BK 0385496), has moved his license to another firm and is no longer a Vice President with *John R. Wood, Inc.* A 400.5 form has been included showing his termination process.

Please correct your records accordingly. If you need additional information, please contact Jane at 941-659-6150

Thank you for your attention to this matter.

Sincerely,

Phillip R. Wood
President, Realtor

PRW/jm

Enclosures

Central Office

Phone: (941) 261-6622
Toll Free: (800) 982-8079
Fax: (941) 261-4746

International Affiliations
Who's Who in Luxury Real Estate
Leading Estates of the World

3255 Tamiami Trail North
Naples, FL 34103
E-mail: jrw@johnrwood.com

March 1, 2002

ATTACH # 553085/637529

LIST OF OFFICERS - John R. Wood, Inc., Realtors ****Continued****	
Name, Res. Address	**Title**
Marie A. Harris 3255 Tamiami Trail North Naples, FL 34103	Asst. Vice Pres.
Jerelyn J. Cobb 3255 Tamiami Trail North Naples, FL 34103	Vice President
William H. Earls 3255 Tamiami Trail North Naples, FL 34103	Asst. Vice Pres.
Bruce Babcock 3255 Tamiami Trail North Naples, FL 34103	Asst. Vice President
Gloria Burg 3255 Tamiami Trail North Naples, FL 34103	Asst. Vice President
Lisa Richardson 3255 Tamiami Trail North Naples, FL 34103	Asst. Vice President
Jill Palmer 3255 Tamiami Trail North Naples, FL 34103	Vice President
William W. Wemple 3255 Tamiami Trail North Naples, FL 34103	Vice President
Norm Harris 3255 Tamiami Trail North Naples, FL 34103	Vice President
Steve Hunt 3255 Tamiami Trail North Naples, FL 34103	Vice President

Date: 4-15-02

Signed: Jill J. Wood

ATTACH # 553057/6375 29

MAKE CHECKS PAYABLE TO:
Division of Real Estate
DO NOT SEND CASH

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
DIVISION OF REAL ESTATE
Hurston North Tower • (407) 423-6060
400 W. Robinson St. P.O. Box 1900, Orlando, FL 32802

REQUEST FOR LICENSE OR CHANGE OF STATUS

TION A - CHECK ACTION REQUESTED * Read instructions on reverse-no fees required for change of status or termination.

KER: COMPLETE SECTIONS:

[ ] Become active	B
[ ] Become inactive	B
[ ] Change residence address	B
[ ] Change business address	B
[ ] Change legal name	B
[ ] Close business	B
[ ] Terminate employee/Licensee	B,C
[ ] Receive multiple license	B
[ ] Add Trade Name	B
Renew license	
[ ] Active:	B
[ ] Inactive:	B

Other: _____

BROKER-SALESPERSON OR SALESPERSON COMPLETE SECTIONS:

[ ] Become active	B,C
[ ] Become inactive	B
[X] Change broker/owner/employer	B,C
[ ] Change legal name	B,C
[ ] Change business address	B,C
[X] Change residence address	B
Renew license	
[ ] Active:	B,C
[ ] Inactive:	B

Other: _____

TION B - TO BE COMPLETED BY LICENSEE APPLYING FOR CHANGE (PLEASE PRINT OR TYPE)

License Number: 0222310 Telephone: (941) 860 - 2136

Name of Applicant: DAVID S SPENCER DA SS#: 65-0115542

Trade Name of Applicant (Active Brokers Only): _____

Residence Address: PMB 141 8805 TAMIAMI TRAIL N, NAPLES, FL 34108

Business Address: 3255 Tamiami Trail N., Naples, FL 34103

re you now or simultaneous with the issuance of this License an officer or director of any Real Estate Brokerage orporation or member of any Real Estate Brokerage partnership? [X] Yes [ ] No

If YES: Please show the name and license # of the entity: _____

ist the name of your last broker/employer or owner/employer: John R Wood, Inc. (0198090)

I CERTIFY THAT I HAVE NOTIFIED MY FORMER BROKER OF THIS CHANGE. IF APPLICABLE

pplicant Sign Here: David S Spencer Date: 1-10-02

N C - TO BE COMPLETED BY BROKER/EMPLOYER [X] or NON-LICENSED OWNER/EMPLOYER [ ] (check one)

ECTION MUST BE COMPLETED BY THE BROKER/EMPLOYER IF THE APPLICANT IS REQUESTING ACTIVE SALESPERSON OR BROKER-SALESPERSON STATUS

me of Employer: LUXURY RELOCATION SERVICES, INC. Main License No.: 0243848

reet Address of main office: 3255 Tamiami Trail North

ty, State & Zip: Naples, FL 34103 Telephone #: (941) 261 . 6622

the above supervised at a branch office? [ ] Yes [X] NO Branch License No.: _____

yes, give address: _____

ty, State & Zip: _____

Certification * The licensee named above will be supervised by me (or is being terminated by me as shown in Section A above) pursuant to Chapter 475, Florida Statutes.

or Non-Licensed Owner Sign Here: Wanda R. Wood Date: 1/14/02

ATTACH # 553055 / 637529

****
*** TX REPORT ***
****

TRANSMISSION OK

TX/RX NO	4779	
CONNECTION TEL	18504888040	faxed to DBPR
SUBADDRESS		
CONNECTION ID		
ST. TIME	04/17 12:21	
USAGE T	02'30	
PGS. SENT	3	
RESULT	OK	

DBPR RE-2050-1 – Request for Change of Status
REV 12/01

Florida's future... Right Here. Right Now.

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
1940 North Monroe Street
Tallahassee, FL 32399-0783

CHECK ACTION REQUESTED

Transaction Type:
- ☐ Become Active – no charge
- ☐ Become Inactive – no charge
- ☐ Add/Delete Trade Name – no charge
- ☐ Become Sole Proprietor – no charge
- ☒ Change Broker/Owner Employer – no charge
- ☐ Terminate Employee – no charge
- ☐ Add/Delete PA - $30.00 fee required
- ☐ Request for Multiple License - $95.00

SALESPERSON INFORMATION

License Number: BK 0036709
Applicant Name: NORMAN Gene HARRIS

BROKER OR CORPORATION INFORMATION

Broker License Number	Corporation/Partnership License Number
	CQ 0195090

Broker or Corporation Name: John R. Wood, Inc., Realtors
Trade Name (if applicable):

Are you now or with the issuance of this license an officer or director of any corporation or partnership which acts as a broker? Yes ☐ No ☐
If yes, please list name of entity

ATTEST STATEMENT

REQUIRES SIGNATURE OF EMPLOYING BROKER

ATTACH # 553055/637529

DBPR RE-2050-1 – Request for Change of Status
REV 12/01

Florida's Future... Right Here Right Now.

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
1940 North Monroe Street
Tallahassee, FL 32399-0783

CHECK ACTION REQUESTED

Transaction Type:

- ☐ Become Active – no charge
- ☐ Become Inactive – no charge
- ☐ Add/Delete Trade Name – no charge
- ☐ Become Sole Proprietor – no charge
- ☒ Change Broker/Owner Employer – no charge
- ☐ Terminate Employee – no charge
- ☐ Add/Delete PA - $30.00 fee required
- ☐ Request for Multiple License - $95.00

WOOD1

SALESPERSON INFORMATION

License Number: BK 0036709

Applicant Name: NORMAN Gene HARRIS

BROKER OR CORPORATION INFORMATION

Broker License Number	Corporation/Partnership License Number
	CQ 0195090

Broker or Corporation Name: John R. Wood, Inc., Realtors

Trade Name (if applicable):

Are you now or with the issuance of this license an officer or director of any corporation or partnership which acts as a broker? Yes ☐ No ☐

if yes, please list name of entity:

ATTEST STATEMENT
REQUIRES SIGNATURE OF EMPLOYING BROKER
(EXCEPT FOR ADD/DELETE PA - WHICH MAY BE SIGNED BY THE LICENSEE)

I affirm that I have provided the above information completely and truthfully to the best of my knowledge.

Sign Here: [signature] Date: 4/16/02

Mail this form to:

Division of Real Estate
Hurston North Tower
Suite N309
400 West Robinson Street
Orlando, FL 32801