

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

**3255 TAMiami TRAIL N.
 NAPLES FL 34103
 US**

Mailing Address

**3255 TAMiami TRAIL N.
 NAPLES FL 34103
 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 **59-1782528**

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

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, 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 **PD** ☐ Delete
 NAME **WOOD, PHILLIP R**
 STREET ADDRESS **3255 TAMiami TRAIL N.**
 CITY-ST-ZIP **NAPLES FL 34103**

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

TITLE **CD** ☐ Delete
 NAME **WOOD, JOHN R**
 STREET ADDRESS **3255 TAMiami TRAIL N.**
 CITY-ST-ZIP **NAPLES FL 34103**

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

TITLE **EVDS** ☐ Delete
 NAME **BADCOCK, DOROTHY D**
 STREET ADDRESS **3255 TAMiami TRAIL N.**
 CITY-ST-ZIP **NAPLES FL 34103**

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

TITLE **V** ☐ Delete
 NAME **SCARTZ, JAMES**
 STREET ADDRESS **3255 TAMiami TRAIL N.**
 CITY-ST-ZIP **NAPLES FL 34103**

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

TITLE **T** ☐ Delete
 NAME **TOMISIC, LARRY**
 STREET ADDRESS **3255 TAMiami TRAIL N.**
 CITY-ST-ZIP **NAPLES FL 34103**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/02 239-261-6622
 Date Daytime Phone #

CR2E034 (9/01)

ATTACH# 553088

637529



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,

A handwritten signature in cursive script, appearing to read 'Phil'.

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

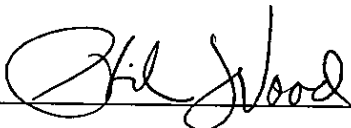
3255 Tamiami Trail North
Naples, FL 34103
E-mail: jrw@johnrwood.com

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: 

ATTACH #

530557

687529

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

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

COMPLETE SECTIONS:	BROKER-SALESPERSON OR SALESPERSON	COMPLETE SECTIONS:	
☐ Become active	B	☐ Become active	B, C
☐ Become inactive	B	☐ Become inactive	B
☐ Change residence address	B	☒ Change broker/owner/employer	B, C
☐ Change business address	B	☐ Change legal name	B, C
☐ Change legal name	B	☐ Change business address	B, C
☐ Close business	B	☒ Change residence address	B
☐ Terminate employee/Licensee	B, C		
☐ Receive multiple license	B		
☐ Add Trade Name	B		
		Renew license	
Renew license		☐ Active:	B, C
☐ Active:	B	☐ Inactive:	B
☐ Inactive:	B		
Other:			

SECTION 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 TAMAMI TRAIL N., NAPLES, FL 34108

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

Are you now or simultaneous with the issuance of this License an officer or director of any Real Estate Brokerage Corporation or member of any Real Estate Brokerage partnership? ☒ Yes ☐ No

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

List 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

Applicant Sign Here: David Spencer Date: 1-10-02

SECTION C - TO BE COMPLETED BY BROKER/EMPLOYER OR NON-LICENSED OWNER/EMPLOYER (check one)

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

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

Street Address of main office: 3255 Tamiami Trail North

City, State & Zip: Naples, FL 34103 Telephone #: (941) 261-6622

Is the above supervised at a branch office? ☐ Yes ☒ NO Branch License No.:

If yes, give address:

City, 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 #

JOHN R. WOOD REALTORS

001

553055

637529

*** TX REPORT ***

TRANSMISSION OK

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

*faxed
to DBPR*

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

Florida's fastest...
**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 # 553 055/687529

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

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

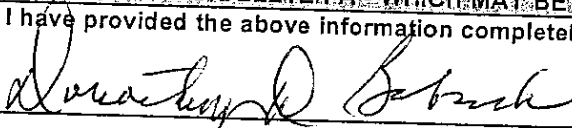
STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL
REGULATION
1940 North Monroe Street
Tallahassee, FL 32399-0783

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

WOOD

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:	Date:
	4/16/02

Mail this form to:

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