


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2003 8:00 am**  
**Secretary of State**

01-30-2003 90146 005 \*\*\*150.00

**DOCUMENT # 587413**

1. Entity Name  
**MULTIPLE LISTING SERVICE OF BONITA SPRINGS - ESTERO, INC.**



Principal Place of Business  
27313 OLD 41 ROAD SE  
BONITA SPRINGS FL 34135  
US

Mailing Address  
27313 OLD 41 ROAD SE  
BONITA SPRINGS FL 34135  
US



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1874712** 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	
<b>SPEAR, JOHN D</b> <b>SUNSHINE PROFESSIONAL PLAZA</b> <b>9200 BONITA BEACH, ROAD</b> <b>BONITA SPRINGS FL 34135</b>		Name Street Address (P.O. Box Number is Not Acceptable) City	
		State <b>FL</b> 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 \_\_\_\_\_ (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	<b>DM</b> <b>PLATH, MARILYN</b> <b>27313 OLD 41 RD SE</b> <b>BONITA SPRINGS FL 34135</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>Joseph Pavich</b> <b>27313 Old 41 Rd SE</b> <b>Bonita Springs, FL 34135</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DM</b> <b>MORTON, DAVID</b> <b>27313 OLD 41 RD SE</b> <b>BONITA SPRINGS FL 34135</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>CHRISTERSON, BETTY JEAN</b> <b>27313 OLD 41 RD SE</b> <b>BONITA SPRINGS FL 34135</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVP</b> <b>HAMILTON, ELAINE</b> <b>27313 OLD 41 RD S.E.</b> <b>BONITA SPRINGS FL 34135</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>FISCHER, PAT</b> <b>27313 OLD 41 SE</b> <b>BONITA SPRINGS FL 34135</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:** \_\_\_\_\_ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date: **1-27-03** Daytime Phone #: **239-992-6771**

CR2E034 (10/02)