2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2001 8:00 am
Secretary of State
01-09-2001 90005 028 ***150.00

DOCUMENT # 609332

1. Entity Name
NORTH FLORIDA MULTIPLE LISTING SERVICE, INC.

Principal Place of Business	Mailing Address
214 SOUTH ALACHUA ST LAKE CITY FL 32025 US	214 SOUTH ALACHUA ST LAKE CITY FL 32025 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 59-1904568 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BLANCHARD, MARION M
214 SOUTH ALACHUA STREET
LAKE CITY FL 32025

7. Name and Address of New Registered Agent

Name: Dan L. Gherna
Street Address (P.O. Box Number is Not Acceptable): 214 S. Alachua St.
City: Lake City **FL** Zip Code: 32025

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: Dan Gherna — Dan L. Gherna — 01/03/01
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, 2001 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	VP BURD, DALE 428 E BAYA AVE LAKE CITY FL 32025	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Burd, Dale 428 E. Baya Ave Lake City FL 32025	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD RANKIN, JOCK 1815 W HOWARD ST LIVE OAK FL 32060	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Jock Rankin 1815 W. Howard Live Oak FL 32060	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROGERS, MARIA 1101 W DUVAL ST LIVE OAK FL 32055	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Barbara Lawrence 1457 W. Baya Ave. Lake City FL 32025	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCALL, GLENDA 123 E HOWARD ST LIVE OAK FL 32060	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP McCall, Glenda 123 E. Howard St. Live Oak FL 32060	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GEIBEIG, LORI 4350 US 90 HWY W LIVE OAK FL 32055	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Crapps, Daniel 4400 US 90 W. Lake City FL 32055	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LAWRENCE, BARBARA 1923B S 1ST ST LAKE CITY FL 32055	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Taylor, Jeffrey T. Rt. 17 Box 2022 Lake City FL 32024	☐ 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)(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: Jeffrey T. Taylor — 01/03/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)