

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90043 029 ***150.00

DOCUMENT # 609332

1. Entity Name

NORTH FLORIDA MULTIPLE LISTING SERVICE, INC.

Principal Place of Business

**214 SOUTH ALACHUA ST
LAKE CITY FL 32025
US**

Mailing Address

**214 SOUTH ALACHUA ST
LAKE CITY FL 32025
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

59-1904568

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

GHERNA, DAN L

**214 SOUTH ALACHUA STREET
LAKE CITY FL 32025**

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]

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. ~~EXISTING~~ OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURD, DALE <input checked="" type="checkbox"/> Delete
	428 E BAYA AVE LAKE CITY FL 32025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RANKIN, JOCK <input type="checkbox"/> Delete
	1815 W HOWARD ST LIVE OAK FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAPPS, DANIEL <input type="checkbox"/> Delete
	4400 US 90 W LIVE OAK FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCCALL, GLENDA <input checked="" type="checkbox"/> Delete
	123 E HOWARD ST LIVE OAK FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TAYLOR, JEFFREY T <input checked="" type="checkbox"/> Delete
	RT 17 BOX 2022 LAKE CITY FL 32024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWRENCE, BARBARA <input checked="" type="checkbox"/> Delete
	1457 W BAYA AVE LAKE CITY FL 32025

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	ELAINE TOLAR 4350 US 90 W LAKE CITY FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	JOCK RANKIN 1815 W HOWARD ST LIVE OAK FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	DANIEL CRAPPS 4400 US 90 W LAKE CITY FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	MELINDA SCOTT 123 E HOWARD ST LIVE OAK FL 32064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	STAN BATTEN 5012 W US 90 LAKE CITY FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	BETSY TYLER 966 W DUVAL ST LAKE CITY FL 32055

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] **DANIEL CRAPPS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/2002

Date

**386-
755-3966**

Daytime Phone #

CR2E034 (9/01)