

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90490 049 ***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

236 SW ALACHUA AVE

3. Mailing Address

236 SW ALACHUA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LAKE CITY FL

4. FEI Number

59-1904568

Applied For

Not Applicable

Zip

Country

32025 COLUMBIA

Zip

Country

32025 COLUMBIA

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-10-03

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 **VP** ☒ Delete
NAME **TOLAR, ELAINE**
STREET ADDRESS **4350 US 90 W**
CITY-ST-ZIP **LAKE CITY FL 32055**

TITLE **VP** ☐ Change ☒ Addition
NAME **JOANNA P. ELLIS**
STREET ADDRESS **379 W. DUVAL ST**
CITY-ST-ZIP **LAKE CITY FL 32025**

TITLE **D** ☐ Delete
NAME **RANKIN, JOCK**
STREET ADDRESS **1815 W HOWARD ST**
CITY-ST-ZIP **LIVE OAK FL 32060**

TITLE **D** ☐ Change ☒ Addition
NAME **MYLES, DEBORAH**
STREET ADDRESS **3101 W. US HWY 90**
CITY-ST-ZIP **LAKE CITY FL 32025**

TITLE **P** ☐ Delete
NAME **CRAPPS, DANIEL**
STREET ADDRESS **4400 US 90 W**
CITY-ST-ZIP **LIVE OAK FL 32055**

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

TITLE **S** ☐ Delete
NAME **SCOTT, MELINDA**
STREET ADDRESS **123 E HOWARD ST**
CITY-ST-ZIP **LIVE OAK FL 32064**

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

TITLE **D** ☐ Delete
NAME **BATTEN, STAN**
STREET ADDRESS **5012 W US 90**
CITY-ST-ZIP **LAKE CITY FL 32055**

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

TITLE **D** ☐ Delete
NAME **TYLER, BETSY**
STREET ADDRESS **966 W DUVAL STREET**
CITY-ST-ZIP **LAKE CITY FL 32055**

TITLE **VP** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)