2002 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 22, 2002 8:00 am Secretary of State **DOCUMENT # 704755** 1. Entity Name ENGLEWOOD AREA BOARD OF REALTORS, INC. 04-22-2002 90144 016 ****61.25 Principal Place of Business Mailing Address 3952 MCCALL ROAD 3952 MCCALL ROAD ENGLEWOOD FL 34224 ENGLEWOOD FL 34224 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1688788 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent _Name HANEWINCKEL, DEAN Street Address (P.O. Box Number is Not Acceptable) 2800 PLACIDA RD. SUITE 110 **GROVE CITY FL 34224** City Zip Code FL 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. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE P (9/01) Change ☐ Addition SMITH, MONTE NAME NAME Mary Kleiss 3579 S ACCESS RD, STE B STREET ADDRESS STREET ADDRESS 1815 Englewood Rd. CITY-ST-ZIP ENGLEWOOD FL 34224 CITY-ST-ZIP Englewood Fl. 34223 TITLE ☐ Delete TITLE VΡ Change ☐ Addition **BULLOCK, GEORGE** NAME NAME George Bullock STREET ADDRESS 1927 BEACH RD 1927 Beach Rd. STREET ADDRESS CITY-ST-ZIP ENGLEWOOD FL 34223 CITY-ST-ZIP Englewood Fl. 34223 Delete TITLE Addition Change DEMAREE, WILLIAM NAMÉ NAME Karen Bernhardson STREET ADDRESS 3952 MCCALL RD STREET ADDRESS 4880 Placida R. U-G CITY-ST-ZIP ENGLEWOOD FL CITY-ST-7IP <u>Englewood Fl. 34224</u>

ENGLEWOOD FL 34223 CITY-ST-ZIP Englewood Fl. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an ddress, with all other like empowere

TITLE

NAME

TITHE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CiTY-ST-7IP

CITY-ST-7/P

Don Dunlop

Doug Kaff

Dave Mahanna

350 Indiana Ave.

Englewood Fl. 34223

6946 Sunnybrook Rd.

SIGNATURE:

TITLE

NAME

TITI F

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

KLEISS, MARY

KAFF, DOUG

3952 MCCALL RD

ENGLEWOOD FL

HAWKINS, JOAN

1202 \$ MCCALL RD

400 S INDIANA AVE

ENGLEWOOD FL 34223

☐ Delete

☐ Delete

Delete

☐ Change

Change

☐ Change

★ Addition

Addition

*Addition