

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 710458

1. Entity Name

MELBOURNE AREA ASSOCIATION OF REALTORS, INC.

Principal Place of Business

1450 SARNO RD
MELBOURNE FL 32935

Mailing Address

1450 SARNO RD
MELBOURNE FL 32935

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

59-2001812

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

KANE, MATILDA J
1450 SARNO ROAD
MELBOURNE FL 32935

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WILLMARTH, ROBERT N 4120-A MINTON ROAD W MELBOURNE FL 32904 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RUBIN, JEAN M 7025 N. WICKHAM RD. #113 MELBOURNE FL 32940 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S HOLSTEIN, JANE A 1460 BAYTREE DR NE PALM BAY FL 32905 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D COLLINS, EUGENE J 5275 BABCOCK ST. NE #2 PALM BAY FL 32905 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T STUHLMEYER, ROBERT C 1800 PENN STREET #3 MELBOURNE FL 32901 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SLAUGHTER, CHRISTINE P 2550 PALM BAY RD. NE #108 PALM BAY FL 32905 | <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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P Murray, Wendy E. 406 Ocean Avenue Melbourne Beach FL 32951 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D DiLavore, Peter V. P O Box 033184 Indialantic FL 32903-3184 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T Taylor, Nancy R. 777 No. Hwy A1A, Ste 101 Indialantic FL 32903 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S Carlson, Stephanie L. 3150 North Wickham Road Melbourne FL 32935 <input type="checkbox"/> Change <input checked="" 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 617, 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:

Matilda J Kane

1/23/02

321-242-2211

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE

FILED

Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90060 007 ****70.00