, 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 712553

1. Entity Name

NORTHEAST FLORIDA ASSOCIATION OF REALTORS, INC.

Principal Place of Business

Mailing Address

3949 ATLANTIC BLVD

FILED Apr 11, 2000 8:00 am Secretary of State

04-11-2000 90219 030 ****61.25

CKSONVILLE		JAX FL 32207-2034						
				<u> </u>			111 121	
Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT V	VRITE IN THIS SI	PACE		
City & State		City & State		FO 0000404		plied For		
Zip	Country	Zip	Country	5. Certificate of Status Desire		8.75 Add	litional	
6. Name and Address of Current Registered Agent			<u> </u>	7. Name and Address of New Registered Agent				
			Name					
EAST, WILLIAM GLENN			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
	INTIC BLVD							
	VILLE FL 32207			***				
.,	, , , , , , , , , , , , , , , , , , ,		City		FL	Zip Cod	e	
The above	named entity submits this statemer	nt for the purpose of changing its	s registered office or regis	stered agent, or both, in the state of	 i Florida	<u> </u>		
THE BOOVE	Thathea chary submits this statemen	in tor the purpose or ortaliging in	o registered emed er regis	3.0.00 ago (1, 0, 00) (1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1				
IGNATURE .	Signature, typed or printed name of registered a	gest and title if applicable (NO:	TE: Registered Agent signature req	uired when reinstating)	DATE			
	Signature, typed or printed fiame or registered a	gent and the it applicable. (NO	IE. Registated Again signature red	and what rematating)	DAIL			
			e					
	FILE NOW:	9. Election Campaig Trust Fund Contrib	T		ake Check P Department)	
	FEE IS \$61.25	Wast Carla Continu	, Au	ded to 1 ees	Department	VI State		
0.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFF	ICERS AND DIR	ECTORS IN	10	
TLE	PD	Delete	TITLE 12/4	\$\forall		☐ Change	Addition	
AME	ORREN, ROY H		NAME Z	ANA JONES 3949 AXLANTI	BUU	d		
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rle	PED	□ Delete	TITLE P	<i>7</i> 0		Change	☐ Addition	
ME	MORGAN, JAMES F		NAME /	_			-	
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AME	WILSON, JEANELL G	€ Delete	NAME //	DO ALLANKI	366	rol		
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rle	TD	Delete	TITLE D W	MAM GLENN EN	15-4	☐ Change	Addition	
AME	MORGAN, JIM	III Delete	NAME	and and the	BLuck	Cilange		
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TY-ST-ZIP			CITY-ST-ZIP					
	1	24 H 2 CF 1		Section 110 07(2)(i) Elevido Statut			-	

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 topoff 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 propowered.

SIGNATURE: