

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 714849

1. Entity Name

THE FLORIDA REAL ESTATE EXCHANGORS ASSOCIATION,

Principal Place of Business

3321 CATTLEMEN RD
SARASOTA FL 34232
US

Mailing Address

12346-3 WOODROSE CT
FT MYERS FL 33907
US

2. Principal Place of Business

4514 FRIAR TUCK LN.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

SARASOTA, FL.

City & State

Zip

34232

Country

USA

Zip

Country

4. FEI Number

59-1841996

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POTTS, BETTE K
12346-3 WOODROSE CT
FT. MYERS FL 33907

7. Name and Address of New Registered Agent

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

TITLE PD
NAME MCCALL, JOHN
STREET ADDRESS 3321 CATTLEMEN ROAD
CITY-ST-ZIP SARASOTA FL ☐ Delete

TITLE STD
NAME POTTS, BETTE
STREET ADDRESS 12346-3 WOODROSE CT
CITY-ST-ZIP FT MYERS FL ☐ Delete

TITLE D
NAME MCCALL, SEAN
STREET ADDRESS 3805 MACINTOSH
CITY-ST-ZIP SARASOTA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS 4514 FRIAR TUCK LN
CITY-ST-ZIP SARASOTA, FL 34232 ☒ Change ☐ Addition

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: *Bette K. Potts* Bette K. Potts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-09-01

941-275-6771

Date

Daytime Phone #

CR2E037 (10/00)