

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90017 018 ****61.25

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

902183



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4514 FRIAR TUCK LN.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

SARASOTA, FL.

City & State

4. FEI Number

59-1841996

Applied For

Not Applicable

Zip

34232

Country

USA

Zip

Country

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

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

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	PD MCCALL, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS	3321 CATTLEMAN ROAD	
CITY-ST-ZIP	SARASOTA FL	
TITLE NAME	STD POTTS, BETTE	<input type="checkbox"/> Delete
STREET ADDRESS	12346-3 WOODROSE CT	
CITY-ST-ZIP	FT MYERS FL	
TITLE NAME	D MCCALL, SEAN	<input type="checkbox"/> Delete
STREET ADDRESS	3805 MACINTOSH	
CITY-ST-ZIP	SARASOTA FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4514 FRIAR TUCK LN	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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

Date

941-275-6771

Daytime Phone #

CR2E037 (10/00)