

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 714849

1. Entity Name

THE FLORIDA REAL ESTATE EXCHANGORS ASSOCIATION, INC.

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

3. Mailing Address

1910 VIRGINIA AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

B202

City & State

SARASOTA, FL

City & State

FT. MYERS, FL

4. FEI Number

59-1841996

Applied For

Not Applicable

Zip

34232

Country

USA

Zip

33901

Country

USA

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  
4514 FRIAR TUCK LN  
SARASOTA FL 34232

Name

Street Address (P.O. Box Number is Not Acceptable)  
1910 VIRGINIA AVE B202

FT. MYERS, FL

City

FL

Zip Code  
33901

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 PD  
NAME MCCALL, JOHN  
STREET ADDRESS 4514 FRIAR TUCK LN  
CITY-ST-ZIP SARASOTA FL 34232 ☐ Delete

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

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

TITLE  
NAME  
STREET ADDRESS 1910 VIRGINIA AVE, B202  
CITY-ST-ZIP ☒ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS 4514 FRIAR TUCK LN.  
CITY-ST-ZIP SARASOTA, FL 34332 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-02

Date

944-476-8921

Daytime Phone #

CR2E037 (9/01)