

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90076 036 ****61.25

DOCUMENT # 714938

1. Entity Name

SANTA ROSA BOARD OF REALTORS INC

Principal Place of Business

Mailing Address

**5373 STEWART ST
 MILTON FL 32570
 US**

**P O BOX 803
 MILTON FL 32572
 US**

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

59-1836651

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

**COTTON, DOYLE M
 4937 HAMILTON BRIDGE RD
 MILTON FL 32571**

Name **Phil Jones**

Street Address (P.O. Box Number is Not Acceptable)

6408 Highway 90 Suite 4

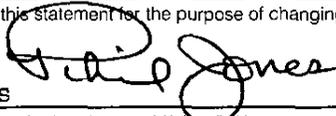
City **Milton**

FL

Zip Code **32570**

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 **Phil Jones**



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 **TDC** Delete
 NAME **COTTON, CYNTHIA B**
 STREET ADDRESS **4937 BRIDGE RD**
 CITY-ST-ZIP **PACE FL 32571**

TITLE **P** Change Addition
 NAME **Phil Jones**
 STREET ADDRESS **6408 Hwy 90 Suite 4**
 CITY-ST-ZIP **Milton, Fl 32570**

TITLE **D** Delete
 NAME **ROWELL, KEITH**
 STREET ADDRESS **6512 HWY 87**
 CITY-ST-ZIP **MILTON FL 32570**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **COTTON, DOYLE M**
 STREET ADDRESS **4937 HAMILTON BRIDGE RD**
 CITY-ST-ZIP **PACE FL 32571**

TITLE **VP** Change Addition
 NAME **Cathy Gerdts**
 STREET ADDRESS **3682 Winterdale Drive**
 CITY-ST-ZIP **Pace, Florida 32571**

TITLE **S** Delete
 NAME **SEGRAVES, JOEL**
 STREET ADDRESS **5812 TWIN OAKES DR.**
 CITY-ST-ZIP **PACE FL 32571**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** Delete
 NAME **ROBERTS, JEFF**
 STREET ADDRESS **5769 HERMITAGE CREEK**
 CITY-ST-ZIP **MILTON FL 32570**

TITLE Change Addition
 NAME **T. Carla Cook**
 STREET ADDRESS **9100 Byron Campbell Road**
 CITY-ST-ZIP **Pace, Florida 32571**

TITLE **D** Delete
 NAME **MCGUIRE, PAULA**
 STREET ADDRESS **3278 ABEL AVE**
 CITY-ST-ZIP **PACE FL 32571**

TITLE Change Addition
 NAME **D Lisa Weeks**
 STREET ADDRESS **4872 Timber Ridge Drive**
 CITY-ST-ZIP **Pace, Florida 32571**

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: **Phil Jones**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

850-623-0332

Date

Daytime Phone #

CR2E037 (9/01)