

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 Gerds**
STREET ADDRESS **3682 Winterdale Drive**
CITY-ST-ZIP **Pace, Florida 32571**

TITLE **S** ☐ Delete
NAME **SEGRAVES, JOEL**
STREET ADDRESS **5812 TWIN OAKS 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 an 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)