

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90212 015 ****61.25

DOCUMENT # 714938

1. Entity Name

SANTA ROSA BOARD OF REALTORS INC



Principal Place of Business

**5373 STEWART ST
MILTON FL 32570
US**

Mailing Address

**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

**JONES, PHIL
6408 HWY 90
STE 4
MILTON FL 32570**

**Cathy Gerdt's Edwards
3682 Winterdale Drive
Pace, Florida 32571**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ D ☐ Delete
NAME **JONES, PHIL**
STREET ADDRESS **6408 HWY 90 STE 4**
CITY-ST-ZIP **MILTON FL 32570**

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

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 ☒ P ☐ Delete
NAME **GERDTS, CATHY**
STREET ADDRESS **3682 WINTERDALE DR**
CITY-ST-ZIP **PACE FL 32571**

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

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

TITLE ☐ Change ☒ Addition
NAME **Betty Preston**
STREET ADDRESS **5312 Hamilton Bridge Road**
CITY-ST-ZIP **Milton, FL 32570**

TITLE ☒ T ☐ Delete
NAME **COOK, CARLA**
STREET ADDRESS **9100 BYRON CAMPBELL RD**
CITY-ST-ZIP **MILTON FL 32571**

TITLE ☐ Change ☒ Addition
NAME **Alvin Helms**
STREET ADDRESS **6000 Osage Trail**
CITY-ST-ZIP **Milton, FL 32570**

TITLE ☐ D ☐ Delete
NAME **WEEKS, LISA**
STREET ADDRESS **4872 TIMBER RIDGE DR**
CITY-ST-ZIP **PACE FL 32571**

TITLE ☐ Change ☐ Addition
NAME
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:

Cathy Gerdt's Edwards

1-09-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Printing Name of

CR2E037 (10/02)