

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90049 001 ***122.50

DOCUMENT # 719396

1. Entity Name

REALTOR ASSOCIATION OF GREATER FORT MYERS AND TH

Principal Place of Business

Mailing Address

**2840 WINKLER AVE
 FORT MYERS FL 33916**

**2840 WINKLER AVE
 FORT MYERS FL 33916-9302**

5196



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1367495

Applied For

Not Applicable

Zip

Country

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

Name

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

City

FL

Zip Code

**WINESETT, RICHARD
 2248 FIRST ST
 FORT MYERS FL 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	<input type="checkbox"/> Delete
NAME	LOOMIS, DENISE	
STREET ADDRESS	185 JEFFERSON STREET	
CITY-ST-ZIP	FT MYERS BCH FL 33931	
TITLE	PD	<input checked="" type="checkbox"/> Delete OK
NAME	COLE, DAVID	
STREET ADDRESS	2419 PINWOODS CIR	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BARRETT, THOMAS	
STREET ADDRESS	132 PEBBLE SHORES DR #204	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SHAHER, CYNTHIA	
STREET ADDRESS	6035 ESTERO BLVD	
CITY-ST-ZIP	FORT MYERS BEACH FL 33931	
TITLE	SD	<input type="checkbox"/> Delete
NAME	STEVENSON, DOLORES	
STREET ADDRESS	1704 SAVONA PKWY	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	IPPD	<input checked="" type="checkbox"/> Delete
NAME	PAUL, ELIZABETH	
STREET ADDRESS	15178 PARKSIDE DR #5	
CITY-ST-ZIP	FT MYERS FL 3308	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pierce, Thomas	
STREET ADDRESS	3501 Del Prado Blvd	
CITY-ST-ZIP	Cape Coral, FL 33904	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hussey-Mulhearn, Deborah	
STREET ADDRESS	2450 Estero Blvd	
CITY-ST-ZIP	Ft Myers Bch, FL 33931	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CEO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lara, Linda	
STREET ADDRESS	2840 Winkler Avenue	
CITY-ST-ZIP	Ft Myers, FL 33914	

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 REQUIRED

1-18-00 941-936-3537

03/19/99