

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 25, 2002 8:00 am  
Secretary of State

02-25-2002 90036 041 \*\*\*\*61.25

DOCUMENT # 727585

1. Entity Name

-ESTERO Association of Realtors, Inc.  
BONITA SPRINGS BOARD-OF-REALTORS, INC.

N/C 12/4/01 TM

Principal Place of Business

Mailing Address

27313 OLD 41 ROAD SE  
BONITA SPRINGS FL 33923  
US

27313 SE OLD 41 ROAD  
BONITA SPRINGS FL 33923  
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

59-1708371

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

SPEAR, JOHN D.  
SUNSHINE PROFESSIONAL PLAZA  
9200 BONITA BEACH ROAD #204  
BONITA SPRINGS FL 33923

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.

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 D  
NAME MAZZOLA, BRUCE  
STREET ADDRESS 27313 OLD 41 RD SE  
CITY-ST-ZIP BONITA SPRINGS FL 34135 ☒ Delete

TITLE S/D  
NAME Christensen, Betty Jean  
STREET ADDRESS 27313 Old 41 Rd SE  
CITY-ST-ZIP Bonita Springs, FL 34135 ☐ Change ☒ Addition

TITLE AD  
NAME CHAPA, SHEILA  
STREET ADDRESS 27313 OLD 41 RD SE  
CITY-ST-ZIP BONITA SPRINGS FL 34135 ☐ Delete

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

TITLE PD  
NAME ZANT, EDWARD  
STREET ADDRESS 9040 BONITA BCH RD  
CITY-ST-ZIP BONITA SPRINGS FL ☒ Delete

TITLE P/D  
NAME Plath, Marilyn  
STREET ADDRESS 27313 Old 41 Rd SE  
CITY-ST-ZIP Bonita Springs, FL 34135 ☐ Change ☒ Addition

TITLE D  
NAME STANCIL, CHERYL  
STREET ADDRESS 27313 OLD 41 RD SE  
CITY-ST-ZIP BONITA SPRINGS FL 34135 ☒ Delete

TITLE MD  
NAME morton, David  
STREET ADDRESS 27313 Old 41 Rd SE  
CITY-ST-ZIP Bonita Springs, FL 34135 ☐ Change ☒ Addition

TITLE VE EVP  
NAME HAMILTON, ELAINE  
STREET ADDRESS 27313 OLD 41 RD SE  
CITY-ST-ZIP BONITA SPGS FL 34135 ☐ Delete

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

TITLE TD  
NAME BECKER, JIM  
STREET ADDRESS 27313 OLD 41 RD SE  
CITY-ST-ZIP BONITA SPRGS FL 34135 ☒ Delete

TITLE T/D  
NAME Fischer, Patrick  
STREET ADDRESS 27313 Old 41 Rd SE  
CITY-ST-ZIP Bonita Springs, FL 34135 ☐ 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:

Elaine Hamilton  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/02  
Date

9419926771  
Daytime Phone #

CR2E037 (9/01)