

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 13, 2001 8:00 am**  
**Secretary of State**

0079871

**DOCUMENT # 734425**

1. Entity Name

**LAND O'LAKES BOARD OF REALTORS, INC.**

04-13-2001 90087 049 \*\*\*\*61.25

Principal Place of Business

P O BOX 127  
 LAND O'LAKES FL 34639

Mailing Address

P O BOX 127  
 LAND O'LAKES FL 34639

**944602**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

*1022 Land O'Lakes Blvd.*

3. Mailing Address

*1022 Land O'Lakes Blvd*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Lutz, FL.*

City & State

*Lutz, FL.*

4. FEI Number

**59-1850585**

Applied For

Not Applicable

Zip

*34549*

Country

*USA*

Zip

*34549*

Country

*USA*

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**EASTON, JO**  
**409 HAYES RD**  
**LUTZ FL 33549**

7. Name and Address of New Registered Agent

Name *Larry Barr*  
 Street Address (P.O. Box Number is Not Acceptable) *1022 Land O'Lakes Blvd.*  
 City *Lutz* FL Zip Code *34539*

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 *Larry A Barr*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *4/5/01*

**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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	EASTON, JO	
STREET ADDRESS	409 HAYES RD	
CITY-ST-ZIP	LUTZ FL 33549-6143	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ECKLEY, REBECCA S	
STREET ADDRESS	14013 LAKE MAGDALENE BLVD.	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	<del>T</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>PETERMAN, PATRICIA D</del>	
STREET ADDRESS	<del>18406 KEYSTONE GROVE BLVD</del>	
CITY-ST-ZIP	<del>ODESSA FL 33556</del>	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CHASTAIN, JEANI	
STREET ADDRESS	17551 WILLOW POND DR	
CITY-ST-ZIP	LUTZ FL 34549	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WALL, VIKKI	
STREET ADDRESS	19701 BEXLEY RD	
CITY-ST-ZIP	LAND O LAKES FL 34639	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRAHAM, SUSAN	
STREET ADDRESS	4736 LAKE ELLIS LANE	
CITY-ST-ZIP	LAND O' LAKES FL 34639	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Larry Barr	
STREET ADDRESS	1022 Land O'Lakes Blvd	
CITY-ST-ZIP	Lutz, FL. 34549	
TITLE	<del>V.P.</del>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mr. Kim Ketron	
STREET ADDRESS	23117 Gingerwood Loop	
CITY-ST-ZIP	Land O'Lakes, FL 34639	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Janet Patterson	
STREET ADDRESS	1022 Land O'Lakes Blvd.	
CITY-ST-ZIP	Lutz, FL. 34549	
TITLE	Shirley Elkins	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	secy.	
STREET ADDRESS	1022 Land O'Lakes Blvd	
CITY-ST-ZIP	Lutz, FL. 34539	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patricia D. Peterman	
STREET ADDRESS	18406 Keystone Grove Blvd.	
CITY-ST-ZIP	Odessa, FL. 33556	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Virginia Ryan	
STREET ADDRESS	705 Warren Rd	
CITY-ST-ZIP	Lutz, FL. 34539	

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: *Larry A Barr* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE *4/5/01* DAYTIME PHONE # *(813) 949-7444*

CR2E037 (10/00)