

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 29, 2002 8:00 am**  
**Secretary of State**

07-16-2002 90367 042 \*\*\*\*61.25

**DOCUMENT # 734425**

1. Entity Name

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

Principal Place of Business

Mailing Address

1022 LAND O'LAKES BLVD  
LUTZ FL 34549

1022 LAND O'LAKES BLVD  
LUTZ FL 34549

98660

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

**59-1850585**

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

**BARR, LARRY**  
1022 LAND O'LAKES BLVD  
LUTZ FL 34539

Name: **Cathy Makowski**  
 Street Address (P.O. Box Number is Not Acceptable): **3624 LAKE GREEN DR.**  
 City: **LOL** FL Zip Code: **34639**

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: **CATHY MAKOWSKI - PRESIDENT ELECT Cathy Makowski 7.11.02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

After September 13, 2002, min. will be \$236.25.

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BARR, LARRY</b> 1022 LAND O'LAKES BLVD LUTZ FL 34549	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>KETRON, KIM MR</b> 23117 GINGERWOOD LOOP LAND O'LAKES FL 34639	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>PATTERSON, JANET</b> 1022 LAND O'LAKES BLVD LUTZ FL 34549	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>ELKINS, SHIRLEY</b> 1022 LAND O'LAKES BLVD LUTZ FL 34539	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PETERMAN, PATRICIA D</b> 18406 KEYSTONE GROVE BLVD ODESSA FL 33558	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RYAN, VIRGINIA</b> 705 WARREN ROAD LUTZ FL 34539	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>KIM KETRON</b> 23117 GINGERWOOD LOOP LAND O'LAKES, FL 34639	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.P.</b> <b>VIRKI T. WALL</b> 19701 Bexley LAND O'LAKES, FL 34639	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>Patti Webster</b> 1022 Land O'Lakes Blvd LUTZ, FL 33549	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES-ELECT</b> <b>CATHY MAKOWSKI</b> 3624 LAKE GREEN DR LOL - FL 34639	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>BILL RYAN</b> 705 WARREN RD LUTZ, FL 34539	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **Kim Ketron, Treasurer**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **7/11/02** (813) 949-744 X169  
 Daytime Phone #

CR2E037 (4/02)