

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **736828**

1. Entity Name

CENTURY 21 BROKERS COUNCIL OF NORTHEAST FLORIDA,

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

05-02-2000 90109 016 ****61.25

Principal Place of Business 11516 SAN JOSE BLVD JACKSONVILLE FL 32223 US	Mailing Address 11516 SAN JOSE BLVD JACKSONVILLE FL 32223-7953 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2820-A US 1 South	3. Mailing Address same
Suite, Apt. #, etc. Century Plaza	Suite, Apt. #, etc.
City & State St. Augustine, FL	City & State
Zip 32086	Country St. Johns

4. FEI Number 59-2266704	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ATKINS, ROBERT L
 11516 SAN JOSE BLVD
 JACKSONVILLE FL 32223

7. Name and Address of New Registered Agent

Name: Dirk Schroeder
 Street Address (P.O. Box Number is Not Acceptable): 2820-A US 1 South, Century Plaza
 City: St. Augustine, FL 32086 FL 32086

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: *Dirk Schroeder*
 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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE: PD NAME: ATKINS, ROBERT L STREET ADDRESS: 11516 SAN JOSE BLVD CITY-ST-ZIP: JACKSONVILLE FL	<input checked="" type="checkbox"/> Delete
TITLE: PED NAME: SHRODER, DIRK STREET ADDRESS: 2820 US 1 SOUTH CENTURY PLAZA CITY-ST-ZIP: ST AUGUSTINE FL	<input type="checkbox"/> Delete
TITLE: VD NAME: SARTOR, RICHARD STREET ADDRESS: 2413 SOUTH 3RD ST. CITY-ST-ZIP: JACKSONVILLE BEACH FL	<input type="checkbox"/> Delete
TITLE: SD NAME: MATTHEWS, DIANE STREET ADDRESS: 2947 BROWARD RD CITY-ST-ZIP: JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE: TD NAME: WISE, DOROTHY Z STREET ADDRESS: 1301 REID ST CITY-ST-ZIP: PALATKA FL	<input type="checkbox"/> Delete same
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: President NAME: Dirk Schroeder STREET ADDRESS: 2820-A US1 South, Century Plaza CITY-ST-ZIP: St. Augustine, FL 32086	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: Vice President NAME: Richard Sartor STREET ADDRESS: 814 Hwy. A1A Suite 101 CITY-ST-ZIP: Ponte Vedra Bch., FL 32082	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: Secretary NAME: Cindy Chapman STREET ADDRESS: 201 Escambia Street CITY-ST-ZIP: St. Augustine, FL 32084	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: Director NAME: Richard Sartor STREET ADDRESS: 814 Hwy. A1A Suite 101 CITY-ST-ZIP: Ponte Vedra Bch., FL 32082	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input 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)(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: *Dirk Schroeder* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 04/20/00 Daytime Phone #: 904-797-6000

CRE037 (9/99)