

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740898

1. Entity Name

OSCEOLA COUNTY ASSOCIATION OF REALTORS, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90063 023 ****61.25

Principal Place of Business

Mailing Address

1105 SHADY LANE
KISSIMMEE FL 34744
US

1105 SHADY LN
KISSIMMEE FL 34744-4975
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

59-1806180

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

CUMBIE, FRED H., II
100 CHURCH STREET
KISSIMMEE FL 34741

Name

Cathy Case

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

1105 Shady Lane

City

Kissimmee

FL

Zip Code

34744

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

Cathy Case, Association Executive

1/31/2000

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 VP ☐ Delete
NAME GRIEB, CHERYL
STREET ADDRESS 850 TOWNE CNTR DR
CITY-ST-ZIP KISSIMMEE FL 34759

TITLE PD ☒ Change ☐ Addition
NAME PRESBY, JANICE
STREET ADDRESS 3335 13th ST
CITY-ST-ZIP ST CLOUD FL 34769

TITLE PD ☒ Delete
NAME LEVINE, MICHAEL
STREET ADDRESS 5330 HAWK DR
CITY-ST-ZIP KISSIMMEE FL 34746

TITLE PED ☒ Change ☐ Addition
NAME GRIEB, CHERYL
STREET ADDRESS 850 TOWNE CENTER DR
CITY-ST-ZIP KISSIMMEE FL 34759

TITLE PED ☒ Delete
NAME SULLIVAN, JAMES
STREET ADDRESS 423 E VINE ST
CITY-ST-ZIP KISSIMMEE FL 34744

TITLE VP ☐ Change ☒ Addition
NAME LUND, NORM
STREET ADDRESS 1520 BERMUDA AVE
CITY-ST-ZIP KISSIMMEE FL 34741

TITLE SD ☐ Delete
NAME PRESBY, JANICE
STREET ADDRESS 3335 13TH ST.
CITY-ST-ZIP ST. CLOUD FL

TITLE SD ☐ Change ☒ Addition
NAME TUTAS, BARBARA
STREET ADDRESS 3263 CUMBERLAND CT
CITY-ST-ZIP KISSIMMEE FL 34746

TITLE TD ☒ Delete
NAME NICHOLS, WILLIAM
STREET ADDRESS 931 W. OAK ST STE 100
CITY-ST-ZIP KISSIMMEE FL 34744

TITLE TD ☐ Change ☒ Addition
NAME RIES, NORM
STREET ADDRESS 931 W OAK ST STE 100
CITY-ST-ZIP KISSIMMEE FL 34741

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Janice M. Presby
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/27/2000

CR2E037 (9/99)