

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 756057

1. Entity Name

NORTH OKALOOSA ASSOCIATION OF REALTORS, INC.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90012 035 ****61.25

Principal Place of Business

Mailing Address

470 N. MAIN ST.
P O BOX 1457
CRESTVIEW FL 32536

470 N. MAIN ST.
P O BOX 1457
CRESTVIEW FL 32536-7457

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

59-2171918

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

Name

FRANK BROOKS

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

470 N. MAIN ST.

City

CRESTVIEW

FL

Zip Code
32536

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 FRANK BROOKS

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

(NOTE: Registered Agent signature required when reinstating)

3/27/00
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 NAME STREET ADDRESS CITY-ST-ZIP	S BROOKS, BETTY 470 NORTH MAIN ST CRESTVIEW FL 32536	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE BROOKS, FRANK 470 NORTH MAIN STREET CRESTVIEW FL 32536	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILKINSON, CHAD 470 N. MAIN ST. CRESTVIEW FL 32536	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BYRD, JANET 470 NORTH MAIN STREET CRESTVIEW FL 32536	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOLB, KENNETH 470 N MAIN ST CRESTVIEW FL 32536	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P UNDERWOOD, SANDRA 470 NORTH MAIN STREET CRESTVIEW FL 32536	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FROST, DEBRA 470 N. MAIN ST. CRESTVIEW, FL 32536	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE UNDERWOOD, SANDRA 470 N. MAIN ST. CRESTVIEW, FL 32536	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BYRD, JANET 470 N. MAIN ST CRESTVIEW, FL 32536	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROOKS, BETTY 470 N. MAIN ST. CRESTVIEW, FL 32536	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 SAME AS TO LEFT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROOKS, FRANK 470 N. MAIN ST. CRESTVIEW, FL 32536	<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)(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:

DEBRA FROST (SECRETARY) *Debra Frost*

Date

Daytime Phone #

3/27/00 652-7041

CR2E037 (9/99)