2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 12, 2001 8:00 am **DOCUMENT # 756057** Secretary of State 1. Entity Name NORTH OKALOOSA ASSOCIATION OF REALTORS, INC. 03-12-2001 90475 030 ****61.25 Principal Place of Business Mailing Address 470 N. MAIN ST. 470 N. MAIN ST. P-O-BOX-1457 P-O-BOX-1457 CRESTVIEW FL 32536 CRESTVIEW FL 32536 2. Principal Place of Business 3. Mailing Address 470 N. MAIN ST. +70 N. MAIN ST Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number City & State 59-2171918 ----CRESTVIEW Not Applicable RESTVIEW Zip Country \$8.75 Additional Country 5. Certificate of Status Desired 32534 OKALOOSA Fee Required OKALOOSA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Sandra L. Underwood Street Address (P.O. Box Number is Not Acceptable) **BROOKS, FRANK** 470 N. Main St. 470 N MAIN STREET CRESTVIEW FL 32536 City Crestview 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. 3/06/01 SIGNATURE Sandra 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. Change ☐ Addition X□ Delete TITLE S TITLE **BROOKS, BETTY** NAME NAME Frost, Debra 470:N. Main St. STREET ADDRESS **470 NORTH MAIN ST** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CRESTVIEW FL 32536** Crestview, FL 32536 Change X Delete ☐ Addition TITLE TITLE Bowman Kathleen **BROOKS, FRANK** NAME NAME 470 N. Main St. STREET ADDRESS STREET ADDRESS 470 NORTH MAIN STREET CITY-ST-709 CITY-ST-ZIP Crestview, FL 32536 CRESTVIEW FL 32536 X□ Delete D Addition TITLE TITLE WILKINSON, CHAD NAME Cooper, Dennis NAME 25. STREET ADDRESS 470 N. Main St. STREET ADDRESS 470 N. MAIN ST. CITY-ST-ZIP CITY-ST-ZIP CRESTVIEW FL 32536 Crestview, FL 32536 **Change** ☐ Addition TITLE **⊠** Delete TITLE NAME NAME BYRD, JANET 3 Brooks, Betty STREET ADDRESS STREET ADDRESS **470 NORTH MAIN STREET** 470 N. Main St. CITY-ST-ZIP CITY-ST-ZIP **CRESTVIEW FL 32536** Crestview, Fl 32536 Change ☐ Addition TITLE TITLE Delete NAME KOLB, KENNETH NAME Wilson, Julie→ STREET ADDRESS STREET ADDRESS 470 N MAIN ST 470 N. Main St. CITY-ST-ZIP CITY-ST-ZIP CRESTVIEW FL 32536 Crestview, F1 32536 Change Addition ☐ Delete TITLE UNDERWOOD, SANDRA NAME NAME STREET ADDRESS STREET ADDRESS **470 NORTH MAIN STREET** SAME AS TO LEFT CITY-ST-ZIP CITY-ST-ZIP CRESTVIEW FL 32536

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

3/6/01 850

850-682-7041