

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90001 013 ****61.25

DOCUMENT # 756335

1. Entity Name

SOUTH BROWARD BOARD OF REALTORS, INC.

Principal Place of Business

**701 PROMENADE DR
PEMBROKE PINES FL 33026-3999**

Mailing Address

**701 PROMENADE DR
PEMBROKE PINES FL 33026-3999****B0027688**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

South Broward Board of Realtors

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0524665

Applied For

Not Applicable

Zip

Country

United States

Zip

Country

United States5. 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

**LASSITER, WALTER
701 PROMENADE DR
PEMBROKE PINES FL 33026**

Name

South Broward Board of Realtors, Inc.

Street Address (P.O. Box Number is not acceptable)

701 PROMENADE DRIVE**PEMBROKE PINES, FLORIDA 33026-6013**

City

FL

Zip Code

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

Walter Lassiter**Accounting Administrator****1/22/2002**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. 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	DP	☒ Delete
NAME	CRONKHITE, DIANA	
STREET ADDRESS	A CARUANA & ASSOC., 4220 SW 73 TERRACE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33314	

TITLE	DP	☒ Change ☐ Addition
NAME	LETO, JOHN	
STREET ADDRESS	4106 S W 4TH STREET	
CITY-ST-ZIP	PLANTATION, FL 33317	

TITLE	DVP	☐ Delete
NAME	LETO, JOHN	
STREET ADDRESS	4105 SW 4TH STREET	
CITY-ST-ZIP	PLANTATION FL 33317	

TITLE	DVP	☐ Change ☒ Addition
NAME	GUNDLACH, FRANK	
STREET ADDRESS	6411 PARK STREET	
CITY-ST-ZIP	HOLLYWOOD BEACH, FL 33024	

TITLE	DT	☐ Delete
NAME	WIETOR, MICHAEL G	
STREET ADDRESS	4801 S UNIVERSITY DR	
CITY-ST-ZIP	DAVIE FL 33328	

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

TITLE	DEVP	☐ Delete
NAME	ROMANO, LORI J	
STREET ADDRESS	701 PROMENADE DR	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	

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

TITLE	S	☐ Delete
NAME	THOMAS, FARREY L	
STREET ADDRESS	417 E SHERIDAN STREET PMB 242	
CITY-ST-ZIP	DANIA BEACH FL 33004	

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

TITLE	D	☐ Delete
NAME	AGUDO, MARTI	
STREET ADDRESS	COUNTRY SQUIRE, INC. 4801 S UNIVERSITY DR	
CITY-ST-ZIP	DAVIE FL 33328	

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:

SIGNATURE REQUIRED**1/29/2002****(954) 431-5300**

CR2E037 (9/01)