# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Mar 12, 2001 8:00 am**
**Secretary of State**
03-12-2001 90023 033 ***150.00

0469815

DOCUMENT # F28772

1. Entity Name

AMERICAN REALTY OF NORTHWEST FLORIDA, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1270 N EGLIN PARKWAY<br>SHALIMAR FL 32579 | 1270 N EGLIN PARKWAY<br>SHALIMAR FL 32579 |

DO NOT WRITE IN THIS SPACE

| 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 59-2087359 ☐ 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 |
|---|---|
| FRAZIER, GLORIA K<br>1270 N EGLIN PARKWAY<br>BOX 875<br>SHALIMAR FL 32579 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS $150.00**
**After MAY 1, 2001 Fee will be $550.00**
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

| 11. OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>FRAZIER, GLORIA K<br>11 GRANDVIEW DR<br>SHALIMAR FL 32579 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>INNESS, BEVERLY D<br>9 DORAL DRIVE<br>SHALIMAR FL 32579 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>DAVIDSON, DAWN C<br>P.O. BOX 726 N/A<br>SHALIMAR FL 32579 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>BUCHANAN, DOROTHY H<br>P.O. BOX 875 N/A<br>SHALIMAR FL 32879 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E034 (10/00)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Gloria K Frazier 3/7/01 850 651-2454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

attachment #F28772

Form 400.3 (04/96)

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
DIVISION OF REAL ESTATE
400 W. Robinson St., P.O. Box 1900,
Orlando, FL 32802-1900
(407) 245-0825

MAKE CHECKS PAYABLE TO:
DIVISION OF REAL ESTATE
DO NOT SEND CASH

72 8368

# REQUEST FOR RENEWAL OR CHANGE OF CORPORATION OR PARTNERSHIP

**COMPLETE FORM IN BLACK INK**

Corporation Name or ~~Partnership~~ (strike word not applicable): American Realty of Northwest Florida, Inc.

Trade Name: _____

Florida Business Address (Give address of main office): 1270 North Eglin Parkway (Street Number) Shalimar (City) Florida (State) 32579 (Zip)

Federal Employer #: 59-2087359

Business Telephone Number: 850-651-2454

You must furnish the names and residence addresses of ALL of the officers and directors of the corporation, or ALL members of the partnership.
A licensed real estate salesperson, active or in-active, cannot be an officer or director of a real estate broker corporation or a member of a partnership.
Multiple Brokers licenses: brokers licensed with more than one real estate brokerage company should inform the respective companies of this fact.

| Name | Office Held | Active or in-active |
|---|---|---|
| 1. Gloria K. Frazier<br>Residence Address 11 Grandview Drive<br>Shalimar, FL 32579 | President | Active |
| 2. Patricia A. Williams<br>Residence Address 245 Eldridge Road<br>Fort Walton Beach, FL 32547 | Vice-President | Active |
| 3. Dorothy H. Buchanan<br>Residence Address P.O. Box 875<br>Shalimar, FL 32579 | Vice-President | Active |
| 4. Kathleen S. Wilhelm<br>Residence Address 122 Tranquility Drive<br>Crestview, FL 32536 | Vice-President | Active |
| 5. Sharon K. Parker<br>Residence Address 315 Yacht Club Drive<br>Fort Walton Beach, FL 32548 | Vice-President | Active |

I further certify that none of the persons listed have been convicted for the violation of any law of the State, the United States, or any other State; that none of the persons listed have had any license, registration or other authority to do business denied, suspended, or revoked by any board, commission, agency or association, and that the Corporation or Partnership and each of the persons listed is entitled to receive a registration certification according to the status shown above, under the provisions of Chapter 475, F.S., and the rules of the Florida Real Estate Commission.

Witness my authorized signature this _____ day of _____, 19____

Signature _____
of active broker, officer, director or firm member.

0220327
Corporation or Partnership license number

(title) Broker

RENEWAL INFORMATION

** NOTE: FEES ARE SUBJECT TO CHANGE WITHOUT NOTICE. **

This renewal form is used to request registration for a Corporation or Partnership. Active officers, directors or firm members who have a regular license status must renew on separate forms.

Attachment # F28712

728368

rm 400.3 (04/96)

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**COMPLETE FORM IN BLACK INK**

Corporation
ame of Partnership (strike word not applicable) American Realty of Northwest Florida, Inc.

rade Name

orida Business Address 1270 North Eglin Parkway Shalimar Florida 32579
ve address of main office (Street Number) (City) (State) (Zip)

| 5 | 9 | – | 2 | 0 | 8 | 7 | 3 | 5 | 9 |
|---|---|---|---|---|---|---|---|---|---|

Federal Employer #

| 8 | 5 | 0 | – | 6 | 5 | 1 | – | 2 | 4 | 5 | 4 |
|---|---|---|---|---|---|---|---|---|---|---|---|

Business Telephone Number

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| Name | Office Held | Active or in-active |
|---|---|---|
| 1. Dawn Davidson<br>Residence Address 958 Shalimar Pointe Drive<br>Shalimar, FL 32579 | Vice-President | Active |
| 2. Linda S. Randes<br>Residence Address 1185 Witshire Court<br>Fort Walton Beach, FL 32547 | Vice-President | Active |
| 3. Lucinda J. Frakes<br>Residence Address 113 Lisa Marie<br>Shalimar, FL 32579 | Vice-President | Active |
| 4. Walter A. Parker<br>Residence Address 315 Yacht CLub Drive<br>Fort Walton Beach, FL 32548 | Vice-President | Active |
| 5. Arthur P. Karcher<br>Residence Address 3769 Misty Way<br>Destin, FL 32541 | Vice-President | Active |

I further certify that none of the persons listed have been convicted for the violation of any law of the State, the United States, or ıy other State; that none of the persons listed have had any license, registration or other authority to do business denied, suspended, or voked by any board, commission, agency or association, and that the Corporation or Partnership and each of the persons listed is entitled receive a registration certification according to the status shown above, under the provisions of Chapter 475, F.S., and the rules of the orida Real Estate Commission.

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Attachment # F28772
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Corporation
Name of ~~Partnership~~ American Realty of Northwest Florida, Inc.
(strike word not applicable)

Trade Name

Florida Business Address 1270 North Eglin Parkway Shalimar Florida 32579
Give address of main office (Street Number) (City) (State) (Zip)

| 5 | 9 | – | 2 | 0 | 8 | 7 | 3 | 5 | 9 |
|---|---|---|---|---|---|---|---|---|---|

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|---|---|---|---|---|---|---|---|---|---|---|---|

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| Name | Office Held | Active or in-active |
|---|---|---|
| 1. Catherine P. Stauskas<br>Residence Address 36 Marlborough<br>Shalimar, FL 32579 | Vice-President | Active |
| 2. Sandra J. Sears<br>Residence Address 675 Fairway Avenue<br>Ft. Walton Beach, FL 32547 | Vice-President | Active |
| 3. Beverly D. Inness<br>Residence Address 9 Doral Drive<br>Shalimar, FL 32579 | Vice-President | Active |
| 4. Sherry Rose<br>Residence Address 10 Country Club Road<br>Shalimar, Florida 32579 | Vice-President | Active |
| 5. Pauline A.R. Lambert<br>Residence Address 127 Twin Oak Drive<br>Crestview, FL 32536 | Vice-President | Active |

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