

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90911 040 ***150.00

0061603 AV

DOCUMENT # F28772

1. Entity Name

AMERICAN REALTY OF NORTHWEST FLORIDA, INC.

Principal Place of Business

1270 N EGLIN PARKWAY
SHALIMAR FL 32579

Mailing Address

1270 N EGLIN PARKWAY
SHALIMAR FL 32579

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

FRAZIER, GLORIA K
 1270 N EGLIN PARKWAY
 BOX 875
 SHALIMAR FL 32579

7. Name and Address of New Registered Agent

Name

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

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRAZIER, GLORIA K 11 GRANDVIEW DR SHALIMAR FL 32579	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V INNESS, BEVERLY D 9 DORAL DRIVE SHALIMAR FL 32579	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAVIDSON, DAWN C P.O. BOX 726 N/A SHALIMAR FL 32579	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BUCHANAN, DOROTHY H P.O. BOX 875 N/A SHALIMAR FL 32879	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

*These names appear
on attached list also.*

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/19/02

850-657-245X

CR2E034 (9/01)



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

REQUEST FOR RENEWAL OR CHANGE OF CORPORATION OR PARTNERSHIP

COMPLETE FORM IN BLACK INK

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
Federal Employer #

8 5 0 6 5 1 2 4 5 4
Business Telephone Number

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. <u>Gloria K. Frazier</u> Residence Address <u>11 Grandview Drive</u> <u>Shalimar, FL 32579</u>	President	Active
2. <u>Patricia A. Williams</u> Residence Address <u>245 Eldridge Road</u> <u>Fort Walton Beach, FL 32547</u>	Vice-President	Active
3. <u>Dorothy H. Buchanan</u> Residence Address <u>P.O. Box 875</u> <u>Shalimar, FL 32579</u>	Vice-President	Active
4. <u>Kathleen S. Wilhelm</u> Residence Address <u>122 Tranquility Drive</u> <u>Crestview, FL 32536</u>	Vice-President	Active
5. <u>Sharon K. Parker</u> Residence Address <u>315 Yacht Club Drive</u> <u>Fort Walton Beach, FL 32548</u>	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 # F 28772



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5	9	-	2	0	8	7	3	5	9
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Federal Employer #

8	5	0	-	6	5	1	-	2	4	5	4
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Business Telephone Number

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

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

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Name	Office Held	Active or in-active
1. <u>Larry D. Hoffman</u> Residence Address <u>1517 W. Mariah Way</u> <u>Ft. Walton Beach, FL 32547</u>	Vice-President	Active
2. _____ Residence Address _____	Vice-President	Active
3. _____ Residence Address _____	Vice-President	Active
4. _____ Residence Address _____	Vice-President	Active
5. _____ Residence Address _____	Vice-President	Active

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