

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
 04-25-2001 90036 006 ***150.00

DOCUMENT # H40820

1. Entity Name
ENGLEWOOD AREA MULTIPLE LISTING SERVICE, INC.

Principal Place of Business

**3952 MCCALL ROAD
 ENGLEWOOD FL 34224-8657
 US**

Mailing Address

**3952 MCCALL RD.
 ENGLEWOOD FL 34224-8657
 US**

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 **59-2499835**

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

**HANEWINCKEL, DEAN
 2800 PLACIDA RD.
 SUITE 110
 ENGLEWOOD FL 34224**

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 re-instating)

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 **V** ☒ Delete
 NAME **JOHNSON, PATSY**
 STREET ADDRESS **3952 MCCALL RD**
 CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE **P** ☒ Change ☐ Addition
 NAME **Monte Smith**
 STREET ADDRESS **3579 S. Access Rd. Ste.B**
 CITY-ST-ZIP **Englewood Fla. 34224**

TITLE **P** ☒ Delete
 NAME **RIDGE, CLAUDIA**
 STREET ADDRESS **3952 MCCALL RD.**
 CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE **T** ☐ Change ☒ Addition
 NAME **George Bullock**
 STREET ADDRESS **1927 Beach Rd.**
 CITY-ST-ZIP **Englewood Fl.**

TITLE **S** ☒ Delete
 NAME **NESS, LINDA**
 STREET ADDRESS **3952 MCCALL RD**
 CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE **S** ☐ Change ☒ Addition
 NAME **Joan Hawkins**
 STREET ADDRESS **1202 S. McCall Rd.**
 CITY-ST-ZIP **Englewood Fl. 34223**

TITLE **T** ☒ Delete
 NAME **MILLER, GARY**
 STREET ADDRESS **3952 MCCALL RD**
 CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE **V** ☐ Change ☒ Addition
 NAME **Mary Kleiss**
 STREET ADDRESS **400 S. Indiana Ave.**
 CITY-ST-ZIP **Englewood Fl. 34223**

TITLE **D** ☐ Delete
 NAME **DEMAREE, WILLIAM**
 STREET ADDRESS **3952 MCCALL RD**
 CITY-ST-ZIP **ENGLEWOOD FL 34223**

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

TITLE **D** ☒ Delete
 NAME **WHITTAKER, JEAN**
 STREET ADDRESS **3952 MCCALL RD.**
 CITY-ST-ZIP **ENGLEWOOD FL**

TITLE **D** ☐ Change ☒ Addition
 NAME **Doug Kaff**
 STREET ADDRESS **1927 Beach Rd.**
 CITY-ST-ZIP **Englewood Fl. 34223**

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:  **Monte Smith** **4/25/01** **941 474 9625**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)