

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90307 010 \*\*\*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 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** PD ☒ Delete  
**NAME** SMITH, MONTE  
**STREET ADDRESS** 3579 S. ACCESS RD STE., B  
**CITY-ST-ZIP** ENGLEWOOD FL 34224

**TITLE** P ☒ Change ☐ Addition  
**NAME** Mary Kleiss  
**STREET ADDRESS** 1815 Englewood Rd.  
**CITY-ST-ZIP** Englewood Fl. 34223

**TITLE** TD ☐ Delete  
**NAME** BULLOCK, GEORGE  
**STREET ADDRESS** 1927 BEACH RD  
**CITY-ST-ZIP** ENGLEWOOD FL 34223

**TITLE** VP ☒ Change ☐ Addition  
**NAME** George Bullock  
**STREET ADDRESS** 1927 Beach Rd.  
**CITY-ST-ZIP** Englewood Fl. 34223

**TITLE** S ☒ Delete  
**NAME** HAWKINS, JOAN  
**STREET ADDRESS** 1202 S. MCCALL RD  
**CITY-ST-ZIP** ENGLEWOOD FL 34223

**TITLE** T ☐ Change ☒ Addition  
**NAME** Karen Bernhardson  
**STREET ADDRESS** 4880 Placida Rd.  
**CITY-ST-ZIP** Englewood Fl. 34224

**TITLE** VD ☐ Delete  
**NAME** KLEISS, MARY  
**STREET ADDRESS** 400 S. INDIANA AVE  
**CITY-ST-ZIP** ENGLEWOOD FL 34223

**TITLE** S ☐ Change ☒ Addition  
**NAME** Don Dunlop  
**STREET ADDRESS** 350 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** D ☐ Change ☒ Addition  
**NAME** Dave Mahanna  
**STREET ADDRESS** 6946 Sunnybrook Rd.  
**CITY-ST-ZIP** Englewood Fl. 34224

**TITLE** D ☐ Delete  
**NAME** KAFF, DOUG  
**STREET ADDRESS** 1927 BEACH RD  
**CITY-ST-ZIP** ENGLEWOOD FL 34223

**TITLE** D ☐ Change ☐ Addition  
**NAME** Doug Kaff

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)