

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**  
03-06-2002 90022 019 \*\*\*150.00

0496800 AV

**DOCUMENT # L87111**

1. Entity Name

**FLORIDA RESIDENTIAL RENTALS INC.**

Principal Place of Business

**3757 N TAMiami TRAIL  
NAPLES FL 34103  
US**

Mailing Address

**3757 N TAMiami TRAIL  
NAPLES FL 34103  
US**

2. Principal Place of Business

3. Mailing Address

**c/o ResortQuest International, Inc.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**530 Oak Court Dr., Suite 360**

City & State

City & State

**Memphis, TN**

4. FEI Number

**65-0272527**

Applied For

Not Applicable

Zip

Country

Zip

Country

**38117**

**USA**

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

**C T CORPORATION SYSTEM  
3757 TAMiami TRAIL N  
NAPLES FL 34103**

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 **DP** ☒ Delete  
NAME **BRAND, KENNETH W**  
STREET ADDRESS **3757 TAMiami TRAIL N**  
CITY-ST-ZIP **NAPLES FL 34103**

TITLE **VP/T** ☐ Change ☒ Addition  
NAME **David K. Selberg**  
STREET ADDRESS **530 Oak Court Drive, Suite 360**  
CITY-ST-ZIP **Memphis, TN 38117**

TITLE **DVT** ☐ Delete  
NAME **STARR, CHARLES L.**  
STREET ADDRESS **4030 GULF OF MEXICO DR.**  
CITY-ST-ZIP **LONGBOAT KEY FL**

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

TITLE **D** ☐ Delete  
NAME **LEVINE, DAVID**  
STREET ADDRESS **530 OAK COURT DRIVE, SUITE 360**  
CITY-ST-ZIP **MEMPHIS TN 38117**

TITLE **D/CEO** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP/CON** ☐ Change ☒ Addition  
NAME **J. Scott Murphy**  
STREET ADDRESS **530 Oak Court Drive, Suite 360**  
CITY-ST-ZIP **Memphis, TN 38117**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP/GEN. COUN/SEC** ☐ Change ☒ Addition  
NAME **M. Ronald Halpern**  
STREET ADDRESS **530 Oak Court Drive, Suite 360**  
CITY-ST-ZIP **Memphis, TN 38117**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **AS** ☐ Change ☒ Addition  
NAME **Karen M. Ray**  
STREET ADDRESS **530 Oak Court Drive, Suite 360**  
CITY-ST-ZIP **Memphis, TN 38117**

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:

**Karen M. Ray, Assistant Secretary** 2/13/02 901/762-4079

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)