

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 22, 2002 8:00 am
Secretary of State

05-22-2002 90170 039 ****61.25

DOCUMENT # N00000001649

1. Entity Name

THE REAL ESTATE INVESTOR'S NETWORK, INC. NORTHEA
ST FLORIDA CHAPTER

Principal Place of Business

Mailing Address

4806 SAN JUAN AVE.
JACKSONVILLE FL 32210

4806 SAN JUAN AVE.
JACKSONVILLE FL 32210

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

59-3663993

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

CLARK, ROBERT
4806 SAN JUAN AVE.
JACKSONVILLE FL 32210

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	CLARK, ROBERT	4806 SAN JUAN AVE.	JACKSONVILLE FL 32210	<input type="checkbox"/>
D	WALLACE, DARRYL	8114 MONTASANTA AVE.	JACKSONVILLE FL 32211	<input type="checkbox"/>
D	BUTTS, DON	3617 COLLEGE ST.	JACKSONVILLE FL 32205	<input type="checkbox"/>
D	BRYAN, ROBERT E SR.	6774 BAKERSFIELD DR.	JACKSONVILLE FL 32210	<input checked="" type="checkbox"/>
D	BRYAN, MARIE	6774 BAKERSFIELD DR.	JACKSONVILLE FL 32210	<input checked="" type="checkbox"/>
D	PENZERA, JOE	12343 YORK HARBOR DR.	JACKSONVILLE FL 32225	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
Director	Barley, Tom	10674 Wimbledon Dr	Jacksonville, FL 32257	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	Himmelheber, Kelly	4317 Colonial Av	Jacksonville, FL 32210	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	Watkins, Clara	2085 Mills Rd	Jacksonville, FL 32216	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	Osborne, Lee	2500 Monument Rd #201	Jacksonville, FL 32225	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	Barber, Mike	4555 San Juan Av	Jacksonville, FL 32210	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	Mullis, Ron	1567 Blanding Blvd	Jacksonville, FL 32210	<input type="checkbox"/>	<input checked="" type="checkbox"/>

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

Tom Barley

Date

1/25/02

Daytime Phone #

(904) 982-2355

CR2E037 (9/01)