2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

DOCUMENT # N0200000469

1. Entity Name

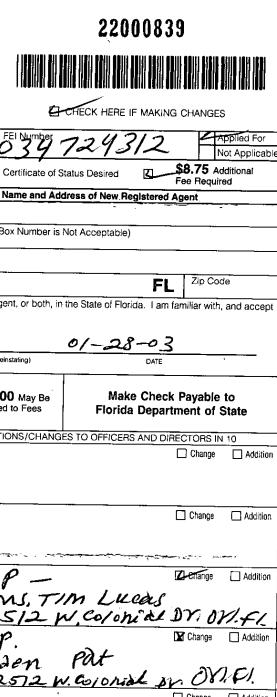
Principal Place of Business

CENTRAL FLORIDA BOARD OF REALTISTS, INC.



FILED Feb 03, 2003 8:00 am Secretary of State

02-03-2003 90150 012 ****70.00



☐ Change

Addition

2512 W. COLONIAL DR. P. O. BOX 1172 ORLANDO FL 32805 ORLANDO FL 32811 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Not Applicable Zip Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ADAMS, TIM LUCAS Street Address (P.O. Box Number is Not Acceptable) 2512 W. COLONIAL DR. ORLANDO FL 32805 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. I am familiar with, and accept the obligations of registered agent. Luca Adams TIM SIGNATUŔĔ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE **⊠**Delete (10/02)MOWATT, JEAN NAME NAME STREET ADDRESS P. O. BOX 1172 STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP 98∟ ⊅ Perry, Booker TITLE Delete TITLE NAME NAME STREET ADDRESS 2512 W. COLONIAL DR. STREET ADDRESS CiTY-ST-7IP ORLANDO FL 32805 CITY-ST-ZIP :-ADAMS: TITLE ☐ Defete TITLE D.VP. NAME NAME ADAMS, TIM LUCAS
C/0 2512 W. Colonial DY, 07/. F/ 2512 W. COLONIAL DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32805 CITY-ST-ZIP DP TITLE ☐ Delete TITLE NAME GOLDEN, PATRICIA NAME STREET ADDRESS 2512 W. COLONIAL DR. STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32805 CITY-ST-ZIP Henderson, I TITLE ☐ Delete TITLE

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 empewered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if TIM ADAMS, UP

CITY-ST-7IP

NAME

TITLE

NAME

☐ Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

2512 W. COEONIAL-DR.

ORLANDO FL 32805

MCCOY, VERONICA

ORLANDO FL 32805

2512 W. COLONIAL DR.