

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90057 022 ****61.25

DOCUMENT # N04814

1. Entity Name

NAVARRE BEACH BOARD OF REALTORS, INC.

Principal Place of Business

**8851 NAVARRE PKWY
 NAVARRE FL 32566
 US**

Mailing Address

**8851 NAVARRE PKWY
 NAVARRE FL 32566
 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

59-2561916

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

**TERRY, ROBBIE
 8851 NAVARRE PKWY
 NAVARRE FL 32566**

Name

Warren Morgan

Street Address (P.O. Box Number is Not Acceptable)

8851 Navarre Pkwy

City

Navarre

FL

Zip Code

32566

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

Warren Morgan

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-15-02

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 **D** ☒ Delete
 NAME **ADAMS, DAVID**
 STREET ADDRESS **7374 GRAND NAVBARRE BLVD**
 CITY-ST-ZIP **GULF BREEZE FL 32566**

TITLE **D** ☐ Change ☒ Addition
 NAME **Amberge, Perry.**
 STREET ADDRESS **1843 Sunrise Drive**
 CITY-ST-ZIP **Navarre, FL 32566**

TITLE **D** ☒ Delete
 NAME **DEASON, AL**
 STREET ADDRESS **2912 OAK HARBOR DR**
 CITY-ST-ZIP **GULF BREEZE FL 32566**

TITLE **D** ☐ Change ☒ Addition
 NAME **Jones, John**
 STREET ADDRESS **1675 Hwy 98**
 CITY-ST-ZIP **Mary Esther, FL 32566**

TITLE **T** ☐ Delete
 NAME **SLYE, DOROTHY**
 STREET ADDRESS **1804 PRADO ST**
 CITY-ST-ZIP **NAVARRE FL 32566**

TITLE **T** ☐ Change ☐ Addition
 NAME **MORGAN, WARREN**
 STREET ADDRESS **2743 PGA BLVD**
 CITY-ST-ZIP **GULF BREEZE FL 32566**

TITLE **P** ☐ Delete
 NAME **TERRY, ROBBIE**
 STREET ADDRESS **8172 POMPANO**
 CITY-ST-ZIP **GULF BREEZE FL 32566**

TITLE **D** ☒ Change ☐ Addition
 NAME **WILLIAMS, MARK**
 STREET ADDRESS **1455 NAUTILUS DR**
 CITY-ST-ZIP **GULF BREEZE FL 32566**

TITLE **PE** ☐ Delete
 NAME **MORGAN, WARREN**
 STREET ADDRESS **2743 PGA BLVD**
 CITY-ST-ZIP **GULF BREEZE FL 32566**

TITLE **P** ☒ Change ☐ Addition
 NAME **WILLIAMS, MARK**
 STREET ADDRESS **1455 NAUTILUS DR**
 CITY-ST-ZIP **GULF BREEZE FL 32566**

TITLE **D** ☐ Delete
 NAME **WILLIAMS, MARK**
 STREET ADDRESS **1455 NAUTILUS DR**
 CITY-ST-ZIP **GULF BREEZE FL 32566**

TITLE **PE** ☒ Change ☐ Addition
 NAME **WILLIAMS, MARK**
 STREET ADDRESS **1455 NAUTILUS DR**
 CITY-ST-ZIP **GULF BREEZE FL 32566**

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-02 850-939-3870

Date

Daytime Phone #

CR2E037 (9/01)