2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 27, 2001 8:00 am Secretary of State DOCUMENT # **N10047** 1. Entity Name 4-27-2001 90395 048 ****61.25 FLORIDA BUSINESS BROKERS ASSOCIATION, INC. Principal Place of Business Mailing Address 4207 BAY TO BAY BLVD 4207 BAY TO BAY BLVD **TAMPA FL 33629 TAMPA FL 33629** HS 2. Principal Place of Business 3. Mailing Address 5400 NW 215TTERY SUOO NW DIST TENN Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For CAUDERDARE AUDEMPACEFI 59-2976465 FORT FORT L Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) PINO, LAURENCE, ESQ. 201 S. ORANGE AVE. ORLANDO FL 32802 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) **FILE NOW:** 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be П Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Addition Change TITLE ☐ Delete TITLE RUSSO, MICHAEL NAME RICHARDS, MICHAEL S NAME GIZ SPALAFOX SMEET STREET ADDRESS 4207 BAY TO BAY BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENGACOLA FL 32501 TAMPA FL Change DVC ☐ Delete TITLE ☐ Addition TITLE DACAMELLA, MICHAEC WARWIN, ROBERT NAME NAME 4722 NW BOCA MATON BLOD CLOS STREET ADDRESS STREET ADDRESS 11570 SAN JOSE BLVD - STE 16 BOCA 124100 PC 33431=4899 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32222 Addition HOYT, JOHN DS ☐ Delete TITLE TITLE DS BAGLEY, MICHAEL NAME NAME 1067 RAINER DR # 1001 STREET ADDRESS STREET ADDRESS ALTAMONTE SPRINGS, FZ 32714 2748 E COMMERCIAL BLVD CiTY-ST-ZIE CITY-ST-7IP FT LAUDERDALE FL 33308 ☐ Delete TITLE Change Addition A TITLE CAGNETTA, ANDREW NAME NAME 5400 WW DIST TERM STREET ADDRESS STREET ADDRESS FORT LAWDERDALE IF 6 33309 CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NOME OF SIGNING OFFICER OR DIRECTOR