

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N13862

1. Entity Name

FLORIDA CHAPTER OF CERTIFIED RESIDENTIAL SPECIALISTS  
OF RESIDENTIAL SALES COUNCIL OF RNMI INC

Principal Place of Business

FLORIDA CHAPTER CRS  
P O BOX 720370  
ORLANDO FL 32872-0370  
US

Mailing Address

FLORIDA CHAPTER CRS  
P O BOX 720370  
ORLANDO FL 32872-0370  
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

59-2360743

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RICHARD HICKENBOTHAM  
139 WALTON DRIVE  
FORT WALTON BEACH FL 32548

Name SHARYN ROSE

Street Address (P.O. Box Number is Not Acceptable)  
248 PIAZZA DI LUNA

City VENICE

FL

Zip Code  
34285

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 Sharyn Rose SHARYN ROSE V/D

4/17/00

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition  
P/D  
WILLIAM H GRAFE JR  
101 BRIDGE ROAD  
TEQUESTA FL 33469

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
V/D  
SHARYN ROSE  
248 PIAZZA DI LUNA  
VENICE FL 34285

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
S/D  
DEBORAH VALLEDOR  
1450 CORAL WAY  
MIAMI FL 33145-2856

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
T/D  
MARY McCALL  
14823 N DALE MABRY HIGHWAY #600  
TAMPA FL 33618-2000

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: Sharyn Rose SHARYN ROSE

4/17/00

(941) 497-2754

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)