

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

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90086 043 ****61.25

DOCUMENT # N13862

1. Entity Name

**FLORIDA CHAPTER OF CERTIFIED RESIDENTIAL SPECIAL
IST OF RESIDENTIAL SALES COUNCIL OF RNMI, INCORP**



Principal Place of Business

**FLORIDA CRS CHAPTER
1528 S. TUTTLE AVE
SARASOTA FL 34239
US**

Mailing Address

**FLORIDA CRS CHAPTER
1528 S. TUTTLE AVE
SARASOTA FL 34239
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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**VALLEDOR, DEBORAH
100 ALMERIA AVE
#230
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

McCALL, MARY

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

14823 N. DALE MABRY HWY #600

City

TAMPA

FL

Zip Code

33618

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.

SIGNATURE

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

Mary McCall
(NOTE: Registered Agent signature required when reinstating)

2/7/03
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	VALLEDOR, DEBORAH	
STREET ADDRESS	100 ALMERIA AVE #230	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	DS	<input type="checkbox"/> Delete
NAME	RAZZANO, KATHLEEN	
STREET ADDRESS	4204 W. LINEBAUGH AVE	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	PED	<input type="checkbox"/> Delete
NAME	MCCALL, MARY	
STREET ADDRESS	14823 N. DALE MABRY	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	DT	<input type="checkbox"/> Delete
NAME	AMEJEIRAS, ISRAEL	
STREET ADDRESS	1051 W 29TH STREET SUITE #3	
CITY-ST-ZIP	HALEAH FL 33012	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EUGENE R. GIBBINS	
STREET ADDRESS	258 SW BRIDGEPORT DR	
CITY-ST-ZIP	PORT ST. LUCIE FL 34953	
TITLE	PRESIDENT ELECT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAZZANO, KATHLEEN	
STREET ADDRESS	4204 W. LINEBAUGH AVE	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCALL, MARY	
STREET ADDRESS	14823 N. DALE MABRY HWY #600	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	SECRETARY/EDUCATION	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMEJEIRAS, ISRAEL	
STREET ADDRESS	1051 W. 29TH ST. STE #3	
CITY-ST-ZIP	HALEAH FL 33012	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Deborah Valledor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/03

(813) 961-6000
Date

CR2E037 (10/02)