

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91763 006 ****61.25

DOCUMENT # N22799

1. Entity Name

GADSDEN COUNTY BOARD OF REALTORS, INC.

Principal Place of Business

37 N. CLEVELAND ST.
 QUINCY FL 32351

Mailing Address

37 N. CLEVELAND ST.
 QUINCY FL 32351

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 **59-3179761**

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

WEATHERFORD, MARJORY H
15 N STEWART STREET
QUINCY FL 32351

Name **CLOUD, FLAKE C.**

Street Address (P.O. Box Number is Not Acceptable)
37 North Cleveland St.

City **QUINCY, FL** Zip Code **32351**

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 *Flake C. Cloud*
 Signature typed or printed name of registered agent and title if applicable
CLOUD, FLAKE C., President

DATE **5/1/02**

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 **PD** Delete
 NAME **WEATHERFORD, MARJORY H**
 STREET ADDRESS **15 NORTH STEWART STREET**
 CITY-ST-ZIP **QUINCY FL 32351**

TITLE **PD** Change Addition
 NAME **CLOUD, FLAKE C.**
 STREET ADDRESS **37 North Cleveland St.**
 CITY-ST-ZIP **QUINCY, FL 32351**

TITLE **VD** Delete
 NAME **CLOUD, FLAKE C**
 STREET ADDRESS **37 N CLEVELAND ST**
 CITY-ST-ZIP **QUINCY FL 32351**

TITLE **VO** Change Addition
 NAME **FOWLER, BONNIE**
 STREET ADDRESS **3144 Lanier Road**
 CITY-ST-ZIP **Havana, FL 32323**

TITLE **SD** Delete
 NAME **TILLER, BECKY N**
 STREET ADDRESS **ROUTE 1, BOX 1488**
 CITY-ST-ZIP **HAVANA FL 32333**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **WHITTLE, J.K.**
 STREET ADDRESS **37 N CLEVELAND STREET**
 CITY-ST-ZIP **QUINCY FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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: *J.K. Whittle* **Treasurer** **5/1/02** **850-895-8470**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)