

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90087 020 ****61.25

DOCUMENT # N37035

1. Entity Name

TAMIAMI RENTERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**3900 CLARK RD
SUITE L-1
SARASOTA FL 34233
US**

**3900 CLARK RD
SUITE L-1
SARASOTA FL 34233
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

36-3706297

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

**DOMBER, HARLAN R.
3900 CLARK RD
SUITE L-1
SARASOTA FL 34233**

Name

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

City

FL

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)

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 PD ☐ Delete
NAME CALDWELL, JULES
STREET ADDRESS 1 VENUS LA.
CITY-ST-ZIP N. FT. MYERS FL

TITLE S/D ☐ Change ☒ Addition
NAME MORAK, Connie
STREET ADDRESS 6 Mercury Lane
CITY-ST-ZIP N. Ft. Myers, FL 33903

TITLE PD ☐ Delete
NAME BRINGMAN, DON
STREET ADDRESS 2 SATURN CIRCLE
CITY-ST-ZIP N. FT. MYERS FL

TITLE D ☐ Change ☒ Addition
NAME Simpson, James
STREET ADDRESS 18 Mercury Lane
CITY-ST-ZIP N. Ft. Myers, FL 33903

TITLE TD ☐ Delete
NAME MCKINLEY, RAYMOND
STREET ADDRESS 7 SKY VILLA LANE
CITY-ST-ZIP FORT MYERS FL 33903

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

TITLE SD ☒ Delete
NAME THOMAS, MARY
STREET ADDRESS 22 SKY VILLA LANE
CITY-ST-ZIP FORT MYERS FL 33903

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

TITLE D ☐ Delete
NAME BRINSON, WILLIAM
STREET ADDRESS 63 SATURN CIR
CITY-ST-ZIP N. FT. MYERS FL

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

TITLE D ☐ Delete
NAME MOLLEHOUR, MAX
STREET ADDRESS 20 VENUS LANE
CITY-ST-ZIP N. FT. MYERS FL

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:

Raymond McKinley
Raymond McKinley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 26, 2001

Date

941-995-1784

Daytime Phone #

CR2E037 (10/00)