

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 25, 2002 8:00 am**
Secretary of State

03-25-2002 90024 026 ****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

4. FEI Number

36-3706297

Applied For

Not Applicable

Zip

Country

Zip

Country

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 \$61.259. 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
**PD
CALDWELL, JULES
1 VENUS LA.
N. FT. MYERS FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
HEPNER, WILLIAM
2 MERCURY LANE
N. FT. MYERS FL 33903** ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BRINGMAN, DON
2 SATURN CIRCLE
N. FT. MYERS FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
MCKINLEY, RAYMOND
7 SKY VILLA LANE
FORT MYERS FL 33903** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
NORAK, CONNIE
6 MERCURY LANE
FORT MYERS FL 33903** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BRINSON, WILLIAM
63 SATURN CIR
N. FT. MYERS FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MOLLEHOUR, MAX
20 VENUS LANE
N. FT. MYERS FL** ☐ DeleteTITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/02

Date

Daytime Phone #

CR2E037 (9/01)