

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

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90502 034 ****61.25

DOCUMENT # N37035

1. Entity Name

TAMIAMI RENTERS' ASSOCIATION, INC.



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

N. FT. MYERS,
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

FL

City & State

4. FEI Number **36-3706297**

Applied For

Not Applicable

Zip

33903

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Logan G. Roof

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
Florida Department of State**

OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CALDWELL, JULES	
STREET ADDRESS	1 VENUS LA.	
CITY-ST-ZIP	N. FT. MYERS FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BRINGMAN, DON	
STREET ADDRESS	2 SATURN CIRCLE	
CITY-ST-ZIP	N. FT. MYERS FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HEPNER, WILLIAM	
STREET ADDRESS	2 MERCURY LANE	
CITY-ST-ZIP	N FT MEYERS FL 33903	
TITLE	SD	<input type="checkbox"/> Delete
NAME	NORAK, CONNIE	
STREET ADDRESS	6 MERCURY LANE	
CITY-ST-ZIP	FORT MYERS FL 33903	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRINSON, WILLIAM	
STREET ADDRESS	63 SATURN CIR	
CITY-ST-ZIP	N. FT. MYERS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOLLEHOUR, MAX	
STREET ADDRESS	20 VENUS LANE	
CITY-ST-ZIP	N. FT. MYERS FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOGAN G. ROOF	
STREET ADDRESS	44-MERCURY LANE	
CITY-ST-ZIP	N. FT. MYERS FL 33903	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ED. NELSON	
STREET ADDRESS	56 SATURN	
CITY-ST-ZIP	N. FT. MYERS, FL	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRICIA ROOF	
STREET ADDRESS	44 MERCURY LANE	
CITY-ST-ZIP	N FT. MYERS FL 33903	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT T. HISY	
STREET ADDRESS	41-MERCURY LANE	
CITY-ST-ZIP	N. FT. MYERS FL 33903	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON DAY	
STREET ADDRESS	45 VENUS LANE	
CITY-ST-ZIP	N. FT. MYERS FL	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRICIA ROOF	
STREET ADDRESS	44 MERCURY LANE	
CITY-ST-ZIP	N. FT. MYERS, FL	

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:

Logan G. Roof

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-03

239-656-1923

CR2E037 (10/02)