

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000722

1. Entity Name

WAUCHULA BOARD OF REALTORS, INC.

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90024 045 ****61.25

Principal Place of Business

Mailing Address

234 S 6TH AVE
WAUCHULA FL 33873
US

234 S 6TH AVE
WAUCHULA FL 33873-2921
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

65-0413826

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

WRIGHT, LEIGH R
234 S 6TH AVE
WAUCHULA FL 33873

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

Leigh R. Wright

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	DST	<input type="checkbox"/> Delete
NAME	WRIGHT, LEIGH R	
STREET ADDRESS	234 S 6TH AVE	
CITY-ST-ZIP	WAUCHULA FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SEE, JAMES V JR	
STREET ADDRESS	234 S 6TH AVE	
CITY-ST-ZIP	WAUCHULA FL 33873	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, JOE L JR.	
STREET ADDRESS	234 S. 6 AVE.	
CITY-ST-ZIP	WAUCHULA FL 33873	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SEE, TOPSY	
STREET ADDRESS	JOE DAVIS SUBDIVISION	
CITY-ST-ZIP	WAUCHULA FL 33873	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROBERTS, LAWRENCE A	
STREET ADDRESS	220 NORTH 6 AVE	
CITY-ST-ZIP	WAUCHULA FL 33873	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OCTAVINO R. FLORES	
STREET ADDRESS	220 N. 6th AVE	
CITY-ST-ZIP	WAUCHULA, FL. 33873	
TITLE	Richard L. Dasher (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P.O. Box 68 - 702 S. 6th Ave	
STREET ADDRESS	Wauchula, FL. 33873	
CITY-ST-ZIP		
TITLE	DORIS L. LAMBERT (D)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.O. Box 822 - 402 S 6th Ave	
STREET ADDRESS	Wauchula, FL 33873	
CITY-ST-ZIP		
TITLE	James Sellers (D)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	111 EAST MAIN	
STREET ADDRESS	WAUCHULA, FL 33873	
CITY-ST-ZIP		
TITLE	CHARLES HEATH (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.O. Box 781 - 220 N 6th Ave	
STREET ADDRESS	Wauchula, FL 33873	
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:

Leigh R. Wright
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-00 808-773-2128

CR2E037 (9/91)