

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N92000000722**

1. Entity Name

WAUCHULA BOARD OF REALTORS, INC.**FILED****Apr 18, 2002 8:00 am**
Secretary of State

04-18-2002 90383 021 ****61.25

0062983

Principal Place of Business

**402 SOUTH 6TH AVENUE
PO BOX 1312
WAUCHULA FL 33873
US**

Mailing Address

**402 SOUTH 6TH AVENUE
PO BOX 1312
WAUCHULA FL 33873
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

**LAMBERT, DORIS S.
402 SOUTH 6TH AVENUE
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

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

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|---------------------|----------------------|-------------------|---------------------------------|
| P | LAMBERT, KENNETH A. | 402 SOUTH 6TH AVENUE | WAUCHULA FL 33863 | |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|--------------------|----------------------|-------------------|---------------------------------|
| V | DASHER, RICHARD F. | 702 SOUTH 6TH AVENUE | WAUCHULA FL 33873 | |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|-------------------|----------------------|-------------------|---------------------------------|
| ST | LAMBERT, DORIS S. | 402 SOUTH 6TH AVENUE | WAUCHULA FL 33873 | |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|----------------------|----------------------|-------------------|---------------------------------|
| D | FLORES, OCTAVIANO R. | 228 NORTH 6TH AVENUE | WAUCHULA FL 33873 | |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|--------------------|----------------------|-------------------|---------------------------------|
| D | SEE, JR., JAMES V. | 208 NORTH 6TH AVENUE | WAUCHULA FL 33873 | |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|-------------------|----------------------|-------------------|---------------------------------|
| D | SELLERS, JAMES K. | 111 EAST MAIN STREET | WAUCHULA FL 33873 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-08-02 865-773-0007

Date

Daytime Phone #

CR2E037 (9/01)