

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

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-09-2003 90165 027 ****61.25

DOCUMENT # N94000000227					
1. Entity Name THE FLORIDA GULF COAST COMMERCIAL ASSOCIATION OF REALTORS, INC.					
Principal Place of Business 4319 EHRlich RD TAMPA FL 33624 US			Mailing Address 4319 EHRlich RD TAMPA FL 33624 US		
2. Principal Place of Business 13153 N. Dale Mabry Hwy Suite, Apt. #, etc. Suite 105 City & State Tampa, FL Zip 33618 Country USA			3. Mailing Address SAME Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 59-3222190			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			6. Name and Address of Current Registered Agent KOSTROSKI, LOIS M 4319 EHRlich RD TAMPA FL 33624 13153 N. Dale Mabry Suite 105 Tampa, FL 33618		
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 4/3/03 Signature, typed or printed name of registered agent and title 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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOSTROSKI, LOIS 4319 EHRlich RD TAMPA FL 33624		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Allen Crumbley Prudential Tropical Realty 4532 US Hwy. 19 - 2nd Floor New Port Richey, FL 34652	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SKIEWIEZ, JOHN 1988 GULF TO BAY BLVD. CLEARWATER FL 33765		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ann Waiters Smith & Associates 330 Beach Drive St. Petersburg, FL 33701	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BACH, WILLIAM E 5439 BEAUMONT CENTER BLVD. TAMPA FL 33685		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZEGOTA, BOB 3030 N ROCKY POINT RD #560 TAMPA FL 33607		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE 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: **4/3/03 813 969-4227**
Signature, typed or printed name of signing officer or director

4/3/03 813 969-4227
Date Daytime Phone

CR2E037 (10/02)