

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000567

1. Entity Name

AVON PARK AREA BOARD OF REALTORS, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90157 042 ****61.25

Principal Place of Business

12 SOUTH LAKE AVE.
AVON PARK FL 33825

Mailing Address

998 W. MAIN STREET
AVON PARK FL 33825

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

59-1776248

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

ABLES, CLIFFORD M III
551 SOUTH COMMERCE AVENUE
SEBRING FL 33870

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 \$61.25

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	PD	<input type="checkbox"/> Delete
NAME	SACHSENMAIER, RONNIE	
STREET ADDRESS	998 W. MAIN STREET	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SCRANTON, CAROL	
STREET ADDRESS	998 W. MAIN STREET	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WELCH, JUDY	
STREET ADDRESS	615 W. MAIN STREET	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/00

Date

863 452 5554

Daytime Phone #

CR2E037 (9/99)