

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90002 013 ***150.00

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DOCUMENT # P01000004738

1. Entity Name

KELLER WILLIAMS FLA REFERRAL, CORP.

Principal Place of Business

**13700 PARK BLVD.
 SEMINOLE FL 33776**

Mailing Address

**13700 PARK BLVD.
 SEMINOLE FL 33776**

2. Principal Place of Business

13700 Park Blvd
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Seminole, FL

City & State

Zip

33776

Country

U.S.

Zip

Country

4. FEI Number

59-3693610

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**O'NEAL, ROCK ESQ.
 350 GULF BLVD.
 INDIAN ROCKS BCH FL 33785**

7. Name and Address of New Registered Agent

Name **Millard J. Graves**
 Street Address (P.O. Box Number is Not Acceptable)
7040 Bayou West PL
 City **Pineellas Park, FL** Zip Code **33782**

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 **Millard J. Graves**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

03-08-02
 DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
 NAME **ROGERS, ANN S**
 STREET ADDRESS **13700 PARK BLVD.**
 CITY-ST-ZIP **SEMINOLE FL 33776**

TITLE **STD** ☐ Delete
 NAME **GRAVES, MILLARD J**
 STREET ADDRESS **13700 PARK BLVD.**
 CITY-ST-ZIP **SEMINOLE FL 33776**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Millard J. Graves**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-08-02 727-398-9900
 Date Daytime Phone #

CR2E034 (9/01)