

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000046840

1. Entity Name

MID-FLORIDA REGIONAL MULTIPLE LISTING SERVICE, I

FILED

Jun 05, 2000 8:00 am  
Secretary of State

06-05-2000 90039 046 \*\*\*150.00

Principal Place of Business

Mailing Address

621 E CENTRA BLVD  
ORLANDO FL 32801

200 S. ORANGE AVENUE  
SUITE 2300  
ORLANDO FL 32801-3455

2. Principal Place of Business

663 N. HAROLD AVE.

3. Mailing Address

Suite, Apt. #, etc.

REAR ENTRANCE

City & State

WINTER PARK, FL

City & State

4. FEI Number

59-3327537

Applied For

Not Applicable

Zip

32789

Country

ORANGE

Zip

Country

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

A.G.C. CO.  
200 S ORANGE AVE  
SUITE 2300  
ORLANDO FL 32801

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME V  
STREET ADDRESS BREWER, DAVID  
CITY-ST-ZIP 125 S CENTRAL AVENUE  
BARTOW FL 33830

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

TITLE ☒ Delete  
NAME D  
STREET ADDRESS SECKEL, LARRY  
CITY-ST-ZIP PO BOX 1439 N/A  
WINTER PARK FL 33882

TITLE ☐ Change ☒ Addition  
NAME V  
STREET ADDRESS RANDOLPH W. MARTIN  
CITY-ST-ZIP 950 N. ORLANDO AVE. #150  
WINTER PARK, FL 32789

TITLE ☐ Delete  
NAME S  
STREET ADDRESS JENNINGS, BELTON  
CITY-ST-ZIP PO BOX 587 N/A  
ORLANDO FL 32802

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

TITLE ☒ Delete  
NAME AS  
STREET ADDRESS ANDREWS, CINDY  
CITY-ST-ZIP PO BOX 587 N/A  
ORLANDO FL 32802

TITLE ☐ Change ☒ Addition  
NAME AS  
STREET ADDRESS JOEL COHEN  
CITY-ST-ZIP 13905 FAIRWAY ISLAND DR. #1034  
ORLANDO, FL 32837

TITLE ☒ Delete  
NAME PD  
STREET ADDRESS CASEY, WILLIAM L  
CITY-ST-ZIP 600 N DONNELLY STREET  
MOUNT DORA FL 32757

TITLE ☐ Change ☒ Addition  
NAME T  
STREET ADDRESS TONI KEYES  
CITY-ST-ZIP 2148 E. HWY 540 A  
LAKE LAND, FL 33813

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME D  
STREET ADDRESS BUDGE HUSKEY  
CITY-ST-ZIP 2160 W. HWY 434, #100  
LONGWOOD, FL 32779

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 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; and that my name appears in Block 11 or Block 12 if changed, or in Block 12 if added.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/22/00

407.422.5143