

2002-UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90041 049 ***150.00

DOCUMENT # P95000046840

1. Entity Name
**MID-FLORIDA REGIONAL MULTIPLE LISTING SERVICE, I
 NC.**

Principal Place of Business
**1330 W LEE ROAD
 ORLANDO FL 32810**

Mailing Address
**200 S. ORANGE AVENUE
 SUITE 2300
 ORLANDO FL 32801**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-3327537**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

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

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.

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, 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 ☐ Delete
 NAME **LAWRENCE, JIM**
 STREET ADDRESS **690 DELTONA BLVD**
 CITY-ST-ZIP **DELTONA FL 32725**

TITLE ☐ Delete
 NAME **PD
 MARTIN, RANDOLPH W**
 STREET ADDRESS **950 N ORLANDO AVE #150**
 CITY-ST-ZIP **WINTER PARK FL 32789**

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

TITLE ☐ Delete
 NAME **AS
 COHEN, JOEL**
 STREET ADDRESS **13905 FAIRWAY ISLAND DR #1034**
 CITY-ST-ZIP **ORLANDO FL 32837**

TITLE ☐ Delete
 NAME **V
 KEYES, TONI**
 STREET ADDRESS **2148 E HWY 540A**
 CITY-ST-ZIP **LAKELAND FL 33813**

TITLE ☒ Delete
 NAME **D
 LACKEY, DONALD J**
 STREET ADDRESS **2385 W OLDE US HWY 441**
 CITY-ST-ZIP **MOUNT DORA FL 32757**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **V/D**
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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

TITLE ☒ Change ☐ Addition
 NAME **P/D**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME **T PERRY, JEFFREY D**
 STREET ADDRESS **413 W. OAK STREET**
 CITY-ST-ZIP **KISSIMMEE, FL 34741-4931**

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 *BELTON JENNINGS, SECRETARY* **4/29/2002** **407-**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)