

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

FILED
Aug 25, 2003 8:00 am
Secretary of State

08-25-2003 90098 021 ****61.25

0004283

DOCUMENT # 721700

1. Entity Name

UMATILLA BAND AIDES ASSOCIATION, INC.



Principal Place of Business

**TROWELL AVE
P.O. BOX 1601
UMATILLA FL 32784**

Mailing Address

**TROWELL AVE
P.O. BOX 1601
UMATILLA FL 32784**

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 **44-2068130**

☒ 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

**PANTKE, DAWN E
4222 OAKBERRY DRIVE
ORLANDO FL 32817**

Name **Dawn E. Pantke**
Street Address (P.O. Box Number is Not Acceptable) **320 N. TROWELL AVE**
City **UMATILLA** FL **32784**

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 **X Dawn E. Pantke**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/19/03
DATE

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

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	SD	<input checked="" type="checkbox"/> Delete
NAME	RANSOM, GERRY	
STREET ADDRESS	PO BOX 502	
CITY-ST-ZIP	UMATILLA FL 32784	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PARKER, JOANN	
STREET ADDRESS	49130 CR 439	
CITY-ST-ZIP	UMATILLA FL 32784	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	FALCONER, PAMELA	
STREET ADDRESS	42528 MAGGIE JONES RD.	
CITY-ST-ZIP	PAISLEY FL 32767	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRY, BRENDA	
STREET ADDRESS	22450 WILL MURPHY RD.	
CITY-ST-ZIP	UMATILLA FL 32784	
TITLE	D	<input type="checkbox"/> Delete
NAME	QUINN, LOIS	
STREET ADDRESS	43651 GRACIE DR.	
CITY-ST-ZIP	PAISLEY FL 32767	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FREBE, JEANINE	
STREET ADDRESS	40717 MARQUETTE RD.	
CITY-ST-ZIP	UMATILLA FL 32784	

TITLE	Theresa Lee / Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	45802 Palm St.	
STREET ADDRESS	Paisley FL 32767	
CITY-ST-ZIP	Paisley FL 32767	
TITLE	Treasurer / Kim Wilson	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	55 Rose Ave	
STREET ADDRESS	Umatilla, FL 32784	
CITY-ST-ZIP	Umatilla, FL 32784	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President Wes Locke	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P.O. Box 1173	
STREET ADDRESS	Umatilla FL 32784	
CITY-ST-ZIP	Umatilla FL 32784	

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: **X SIGNATURE REQUIRED**

8/19/03

CR2E037 (4/03)