3/2/

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State
03-02-2001 90015 050 ****61.25

DOCUMENT # N00000008110

1. Entity Name
FLORIDA NORTH CENTRAL CHAPTER OF THE RISK AND IN

Principal Place of Business	Mailing Address
MARY NEILSON AMERICAN AUTOMOBILE ASSOC. 1000 AAA DR HEATHROW FL 32746-5063	MARY NEILSON AMERICAN AUTOMOBILE ASSOC. 1000 AAA DR HEATHROW FL 32746-5063

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
C/O FRANK CATAPANO	142 NORTH FLORIDA AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DELAND, FL	City & State: DELAND, FL
Zip: 32720 Country: USA	Zip: 32720 Country: USA

4. FEI Number: 59-3072389 ☐ 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
CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION FL 33324	Name: FRANK CATAPANO C/O VOLUSIA COUNTY Street Address (P.O. Box Number is Not Acceptable): 142 NORTH FLORIDA AVE City: DELAND FL Zip Code: 32720

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 / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE	PD	☒ Change ☐ Addition
			NAME	CATAPANO, FRANK	
			STREET ADDRESS	142 NORTH FLORIDA AVE	
			CITY-ST-ZIP	DELAND, FL 32720	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE	VPD	☒ Change ☐ Addition
			NAME	SIKES, PATRICIA	
			STREET ADDRESS	SEAWORLD 7007 SEA WORLD DR.	
			CITY-ST-ZIP	ORLANDO, FL 32807	
TITLE / NAME		☐ Delete	TITLE	SD	☒ Change ☐ Addition
			NAME	PREISSEL, RICK	
STREET ADDRESS / CITY-ST-ZIP			STREET ADDRESS	ONE AIRPORT BLVD	
			CITY-ST-ZIP	ORLANDO, FL 32827	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE	TD	☒ Change ☐ Addition
			NAME	BEARD, BYRON	
			STREET ADDRESS	P O BOX 530065	
			CITY-ST-ZIP	ORLANDO, FL 32827	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE	D	☒ Change ☐ Addition
			NAME	THOMPSON, MELISSA	
			STREET ADDRESS	P O BOX 267	
			CITY-ST-ZIP	CAPE CANAVERAL, FL 32920	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE	D	☒ Change ☐ Addition
			NAME	SCULLIAN, RAYMOND	
			STREET ADDRESS	P O BOX 3193	
			CITY-ST-ZIP	ORLANDO, FL 32802	

CR2E037 (10/00)

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: Frank Catapano FRANK CATAPANO 2/5/01 (386) 736-5963
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #