

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00594
 1. Entity Name
THE FIRST FLORIDA CHAPTER OF THE MILITARY VEHICL

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATION

00 SEP 29 AM 8:20

Principal Place of Business Mailing Address
 2232 SMILEY AVE 2232 SMILEY AVE
 WINTER PARK FL 32792 WINTER PARK FL 32792



DO NOT WRITE IN THIS SPACE

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 **59-2362278** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BAKER, JAMES E JR
5548 HWY 316 EAST
SPARR FL 32192
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25
 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	PDD BAKER, JAMES E JR 5548 HWY 316 EAST SPARR FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300003419943-7 -10/10/00--01010--012 *****61.25 *****61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MURTY, ROBERT D 7043 SW 99TH ST OCALA FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP TOM SKINNER 309 N. COLLEGE ST SPARKS, GA 31647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BYERS, ALAN T. 734 TIMOR AVE ORLANDO FL 32804-1748 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED BYERS, EARLE G 2232 SMILEY AVE. WINTER PARK FL 32792-4722 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HANSFORD, TODD W 16700 SE 63RD LN OCKLAWAHA FL 32179 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>AS/10/4</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Alan T. Byers* **ALAN BYERS** **8-8-00** **407-740-7817**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)