

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 28, 2002 8:00 am**  
**Secretary of State**

02-28-2002 90019 017 \*\*\*\*61.25

**DOCUMENT # N00594**  
 1. Entity Name  
**THE FIRST FLORIDA CHAPTER OF THE MILITARY VEHICLE PRESERVATION ASSOCIATION, INC.**

Principal Place of Business 2232 SMILEY AVE WINTER PARK FL 32792	Mailing Address 2232 SMILEY AVE WINTER PARK FL 32792
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-2362278</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 BYERS, ALAN  
 734 TIMOR AVE  
 ORLANDO FL 32804

**7. Name and Address of New Registered Agent**  
 Name **TODD HANSFORD**  
 Street Address (P.O. Box Number is Not Acceptable) **16700 SE 63RD LN.**  
 City **OCCLAWAHA** FL Zip Code **32179**

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.)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDD HANSFORD, TODD W 16700 SE 63RD LANE OCCLAWAHA FL 32179</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V SKINNER, TOM 309 N COLLEGE ST SPARKS GA 31647</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD BYERS, ALAN T 734 TIMOR AVE ORLANDO FL 32804-1748</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ED BYERS, EARLE G 2232 SMILEY AVE. WINTER PARK FL 32792-4722</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD SUMMERS, LEAH W 17800 NE COUNTY RD 315 FORT MC COY FL 32134</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP ROBERT MURTY 7043 SW 99 ST. OCALA, FL 34476</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD JOANNE HANSFORD 16700 SE 63RD LN OCCLAWAHA, FL 32179</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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)(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:** **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)