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

**FILED**
**Feb 21, 2003 8:00 am**
**Secretary of State**
02-21-2003 90168 009 ****61.25

DOCUMENT # N11477

1. Entity Name
NSA/CENTRAL FLORIDA, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| PO BOX 941172<br>MAITLAND FL 32794-1172<br>US | PO BOX 941172<br>MAITLAND FL 32794-1172<br>US |

☐ CHECK HERE IF MAKING CHANGES

| 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 74-2422644 ☐ 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 |
|---|---|
| BRANNICK, JOAN<br>10416 TARA DRIVE<br>RIVERVIEW FL 33569 | Name ED PETERS<br>Street Address (P.O. Box Number is Not Acceptable) 333 THIRD Ave North<br>Suite 540<br>City St Petersburg FL Zip Code 33701 |

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 Edward G Peters 2-15-03
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 Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BRANNICK, JOAN<br>10416 TARA DR<br>RIVERVIEW FL 33569 | ☒ Delete | D<br>TERRI KABACHNICK<br>10810 72nd St, Suite 207<br>LARGO, FL 33777 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>PETERS, ED<br>146 SECOND ST N STE 10<br>SAINT PETERSBURG FL 33701 | ☐ Delete | D<br>PETERS, ED<br>333 Third Ave North Ste 540<br>St Petersburg, FL 33701 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GLICKMAN, DAVID<br>1701 SOUTHWIND DR.<br>BRANDON FL 33510 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

CR2E037 (10/02)

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:** Edward G Peters SIGNATURE REQUIRED 2-15-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE