

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 09, 2000 8:00 am**  
**Secretary of State**

06-09-2000 90028 015 \*\*\*\*61.25

**DOCUMENT # N46543**

1. Entity Name

**NORTH EAST BUSINESS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

3375-G CAPITAL CIRCLE NE  
 % GREGO COCHRAN  
 TALLAHASSEE FL 32308

3375-G CAPITAL CIRCLE NE  
 % GREGO COCHRAN  
 TALLAHASSEE FL 32308-3778

2. Principal Place of Business

3. Mailing Address

1801 Hermitage Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 130

City & State

Tallahassee, Fl.

4. FEI Number

59-3091799

Applied For

Not Applicable

Zip

Country

Zip  
32308

Country  
USA

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

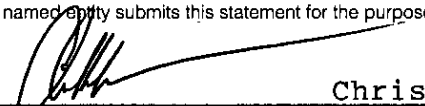
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COCHRAN, GREGORY J  
 3375-G CAPITAL CIRCLE NE  
 TALLAHASSEE FL 32308

Name **Chris M. Keena**  
 Street Address (P.O. Box Number is Not Acceptable)  
 1801 Hermitage Boulevard, Suite 130  
 City **Tallahassee, FL** Zip Code **32308**

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  **Chris M. Keena** President **May 26, 2000**

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	PD	<input type="checkbox"/> Delete
NAME	ROBERTS, ANDY	
STREET ADDRESS	1845 CAPITAL CIRCLE NE	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KEENA, CHRIS	
STREET ADDRESS	1801 HERMITAGE BLVD #130	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HINTON, DAVID	
STREET ADDRESS	6439 KINGMAN TRAIL	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LAWFIELD, MONICA	
STREET ADDRESS	3610-2 SHAMROCK W	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	PPD	<input type="checkbox"/> Delete
NAME	COCHRAN, GREGORY J	
STREET ADDRESS	3375 G CAPITAL CIR NE	
CITY-ST-ZIP	TALL FL 32308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chris M. Keena	
STREET ADDRESS	1801 Hermitage Blvd. Suite 130	
CITY-ST-ZIP	Tallahassee, Fl. 32308	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Peggy Munroe	
STREET ADDRESS	2762 N.E. Capital Circle	
CITY-ST-ZIP	Tallahassee, Fl. 32308	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jeannie Viggiani	
STREET ADDRESS	3333 N.E. Capital Circle	
CITY-ST-ZIP	Tallahassee, Fl. 32308	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David Hinton	
STREET ADDRESS	1682 Metropolitan Circle	
CITY-ST-ZIP	Tallahassee, Fl. 32308	
TITLE	Past President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Andy Roberts	
STREET ADDRESS	1114 Thomasville Road	
CITY-ST-ZIP	Tallahassee, Fl. 32303	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

5-26-00 850.385-9668

Date

Daytime Phone #

CR2E037 (9/99)