

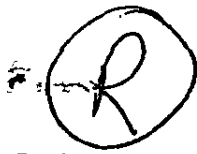
**2000 UNIFORM BUSINESS REPORT (UBR)**

9/7/00-90063-016-\$61.25-\$61.25

**DOCUMENT # N99000004098**

1. Entity Name

**FIRST FLORIDA CALVARY, INC.**



Principal Place of Business

8130 S.E. 45TH STREET  
NEWBERRY FL 32669

Mailing Address

8130 S.E. 45TH STREET  
NEWBERRY FL 32669

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

59-3594747

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

FILED

00 SEP 29 PM 1:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BISHOP, JAMES L  
8130 S.E. 45TH STREET  
NEWBERRY FL 32669

Name **DAVID L. KUNTZ, JR.**

Street Address (P.O. Box Number is Not Acceptable)

**5393 PAINTED PONY AVE**

City **MELROSE**

FL

Zip Code **32666**

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

*David L. Kuntz, Jr.* 9/1/00

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

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	<b>PRESIDENT</b>	<input type="checkbox"/> Delete
NAME	<b>JAMES L. BISHOP</b>	
STREET ADDRESS	<b>8130 SE 45TH ST.</b>	<input checked="" type="checkbox"/> D
CITY-ST-ZIP	<b>NEWBERRY, FL 32669</b>	
TITLE	<b>DAVID L. KUNTZ, JR.</b>	<input type="checkbox"/> Delete
NAME	<b>SECRETARY/TREASURER</b>	
STREET ADDRESS	<b>5393 PAINTED PONY AVE.</b>	<input checked="" type="checkbox"/> D
CITY-ST-ZIP	<b>MELROSE, FL 32666</b>	
TITLE	<b>HERB SCOTT</b>	<input type="checkbox"/> Delete
NAME	<b>P.O. BOX 2</b>	
STREET ADDRESS	<b>WAYERLY GA. 31565</b>	<input checked="" type="checkbox"/> D
CITY-ST-ZIP		
TITLE	<b>BOB ELLIS</b>	<input type="checkbox"/> Delete
NAME	<b>RT 1 BOX 482</b>	
STREET ADDRESS	<b>WHITE SPRING FLA</b>	<input checked="" type="checkbox"/> D
CITY-ST-ZIP	<b>32096</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		

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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:

*David L. Kuntz, Jr.* **DAVID L. KUNTZ, JR.**

9/1/00

352-473-5097

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)