

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90169 020 \*\*\*\*61.25

**DOCUMENT # N45719**

1. Entity Name

**FLORIDA ASSOCIATION FOR NUDE RECREATION, INC.**

Principal Place of Business

Mailing Address

**873 SILK OAK TERRACE  
 LAKE MARY FL 32746  
 US**

**873 SILK OAK TERRACE  
 LAKE MARY FL 32746-4924  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0305151**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**GREEN, COLIN  
 873 SILK OAK TERRACE  
 LAKE MARY FL 32746**

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

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 **V** ☒ Delete  
 NAME **CHITWOOD, JOE**  
 STREET ADDRESS **2136 TOM STREET**  
 CITY-ST-ZIP **NAVARRE FL 32566**

TITLE **P** ☐ Change ☒ Addition  
 NAME **GRISHAM, CLYN**  
 STREET ADDRESS **548 PRATHER DRIVE**  
 CITY-ST-ZIP **FORT MYERS, FL 33919**

TITLE **D** ☐ Delete  
 NAME **KEISER, JAMES**  
 STREET ADDRESS **P. O. BOX 990192 N/A**  
 CITY-ST-ZIP **NAPLES FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **ST** ☐ Delete  
 NAME **GREEN, COLIN**  
 STREET ADDRESS **873 SILK OAK TERRACE**  
 CITY-ST-ZIP **LAKE MARY FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☒ Delete  
 NAME **HANNERS, DAVID**  
 STREET ADDRESS **2136 TOM ST**  
 CITY-ST-ZIP **NAVARRE FL 32566**

TITLE **V** ☐ Change ☒ Addition  
 NAME **BRIGGS, JOSEPH**  
 STREET ADDRESS **5 LAKE SHORE DRIVE**  
 CITY-ST-ZIP **PIERSON, FL 32180**

TITLE **TR** ☐ Delete  
 NAME **SLOAN, DONALD K.**  
 STREET ADDRESS **2107 TOBAGO CIR.**  
 CITY-ST-ZIP **FORT MYERS FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **P** ☒ Delete  
 NAME **WEIBLER, JOHN**  
 STREET ADDRESS **12 LAKE SHORE DRIVE**  
 CITY-ST-ZIP **PIERSON FL**

TITLE **D** ☐ Change ☒ Addition  
 NAME **PIERCE, KATHY**  
 STREET ADDRESS **901 PINE BAUGH STREET**  
 CITY-ST-ZIP **ROCKLEDGE, FL 32955**

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**  
**D GREEN**

Date

Daytime Phone #

**1/9/00**

**(407) 323-3856**

CR2E037 (9/99)