

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 467505

1. Entity Name

FLORIDA NATIONAL CORPORATION

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90195 017 ***150.00

Principal Place of Business

2268 FLAT TOP ROAD
BLOWING ROCK NC 28605
US

Mailing Address

2268 FLAT TOP ROAD
BLOWING ROCK NC 28605
US

CU011484



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 **58-1447655**

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

KOGER, DOUGLAS B.
4850 OCEAN BCH., BLVD.
SUITE 508
COCOA BCH. FL 32931

Name

Diana Sheffer

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

5741 SW 16th court

Plantation, Fl

City

Plantation

FL

Zip Code
33317

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 Diana Sheffer

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME VD
STREET ADDRESS KOGER, DOUGLAS B
CITY-ST-ZIP 2268 FLAT TOP ROAD
BLOWING ROCK, NC 00000

TITLE ☐ Change ☒ Addition
NAME VP & asst secy
STREET ADDRESS Gwen Koger
CITY-ST-ZIP 2427 Silverridge Ave
LA, CA 90039

TITLE ☐ Delete
NAME STD
STREET ADDRESS KOGER, PALMA
CITY-ST-ZIP 2268 FLAT TOP ROAD
BLOWING ROCK, NC 00000

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

TITLE ☐ Delete
NAME VPAS
STREET ADDRESS FORD, KAREN
CITY-ST-ZIP 1077 FORD ROAD
BOONE NC 28607

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Palma Koger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)