

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 717725

1. Entity Name

ASBURY ARMS, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90126 007 ****61.25

Principal Place of Business

Mailing Address

1430 DIXON BLVD.
 COCOA FL 32922

1430 DIXON BLVD.
 COCOA FLA 32922-6470

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

23-7070334

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOOTEN, LELAND W JR.

~~412 BREVARD AVE.~~ 670 North Courtenay Pkwy.
~~COCOA FL 32922~~ M.I., FL 32953

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 **WINNER, WILLIAM R**
 STREET ADDRESS **1002 BARTON BLVD**
 CITY-ST-ZIP **ROCKLEDGE FL**

TITLE **VP** Change Addition
 NAME **William H. Stephenson**
 STREET ADDRESS **2540 Fairfield Dr.**
 CITY-ST-ZIP **Cocoa, FL 32926**

TITLE **D** Delete
 NAME **RUSSELL, CARL C.**
 STREET ADDRESS **1493 ROCKLEDGE DR.**
 CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE **T** Change Addition
 NAME **William R. Heslop**
 STREET ADDRESS **3507 Rocky Gap Place**
 CITY-ST-ZIP **Cocoa, FL 32926**

TITLE **S** Delete
 NAME **PATRICK, SANDRA B.**
 STREET ADDRESS **2816 TULANE DRIVE**
 CITY-ST-ZIP **COCOA FL 32926**

TITLE **D** Change Addition
 NAME ~~Betty L. Hawkins~~
 STREET ADDRESS ~~881 West Port Dr.~~
 CITY-ST-ZIP ~~Rockledge, FL 32955~~

TITLE **P** Delete
 NAME **IVEY, WADE A**
 STREET ADDRESS **275 EAGLE LANE**
 CITY-ST-ZIP **M.I. FL 32953**

TITLE **D** Change Addition
 NAME ~~William L. Booth~~
 STREET ADDRESS ~~1301 Turnberry Ct.~~
 CITY-ST-ZIP ~~Rockledge, FL 32955~~

TITLE **D** Delete
 NAME ~~WOOLFE, ROBERT Q XXX~~
 STREET ADDRESS ~~1795 HIDDEN LAKE DR XXX~~
 CITY-ST-ZIP ~~ROCKLEDGE FL XXX~~

TITLE **D** Change Addition
 NAME **Nancy Dean**
 STREET ADDRESS **4420 Hartville Ave.**
 CITY-ST-ZIP **Cocoa, FL 32926**

TITLE **D** Delete
 NAME **ATCHLEY, ROBERT W. REV**
 STREET ADDRESS **3 N. HARDEE CR.**
 CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE **D** Change Addition
 NAME **Leland Wooten, Jr.**
 STREET ADDRESS **2167 Hedgerow Dr.**
 CITY-ST-ZIP **Cocoa, FL 32953**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 150.07(3)(c), 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: ISIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

717725

A0022994

Board of Directors of Asbury Arms

Director
Floyd Perrin
104 Dudley Dr.
Rockledge, FL 32955