FILED

May 08, 2000 8:00 am Secretary of State

04-19-2000 90015 047 ****61.25

2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

1703 NORTH MAIN STREET

DOCUMENT # 718793

1. Entity Name

Principal Place of Business

1703 NORTH MAIN STREET

AMERICAN ASSOCIATION FOR NUDE RECREATION, INC.

KISSIMMEE FL 34744-3396 KISSIMMEE FL 34744-3308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 21-0663619 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Erich Schuttauf, JD Street Address (P.O. Box Number is Not Acceptable) SCHEER, ROSLYN 1703 N. MAIN STREET KISSIMMEE FL 34741 Kissimmee Zip Code **34744** 8. The above named entity submits this stater ent 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) \$5:00 May Be Make Check Payable to FILE NOW: 9. Election Campaign Financing Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Addition Delete ☐ Change TITLE TITLE SMITH, GREGORY A NAME NAME STREET ADDRESS P'O BOX 197 N/A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BETHEL PARK PA 15102-0197

TITLE

NAME STREET ADORESS

TITLE

NAME

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NAME

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TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

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CITY-ST-ZIP

CITY-ST-ZIP

EXECUTIVE DIRECTOR

ERICH SCHUTTAUF

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12. Thereby certify that the information supplied with this filling 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 aignature 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 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachmental report as required by Chapter 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

TITLE

NAME

TITLE

name Street address

TITLE

NAME STREET ADDRESS

TITLE

NAME

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

WILLIAMSON, BILL

HENAGER AL 35978

BAILEY, LEONA

TAMPA FL 33624

435 COUNTY ROAD 425

11706 CYPRESS PARK STREET

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-933-2064

Change

Change

Change

☐ Change

34741

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