

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 718793

1. Entity Name

AMERICAN ASSOCIATION FOR NUDE RECREATION, INC.

Principal Place of Business

1703 NORTH MAIN STREET
KISSIMMEE FL 34744-3396

Mailing Address

1703 NORTH MAIN STREET
KISSIMMEE FL 34744-3396

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

21-0663619

Applied For

Not Applicable

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

SCHUTTAUF, ERICH JD
1703 N. MAIN STREET
KISSIMMEE FL 34744

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

4/25/02

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 D
NAME SMITH, GREGORY A ☐ Delete
STREET ADDRESS P O BOX 197 N/A
CITY-ST-ZIP BETHEL PARK PA 15102-0197

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

TITLE D
NAME AGUIRRE, MARILLOU ☐ Delete
STREET ADDRESS 567 9TH AVE
CITY-ST-ZIP SAN FRANCISCO CA 94118

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

TITLE D
NAME PARKER, MIKE ☐ Delete
STREET ADDRESS 6825 N FENWICK AVE
CITY-ST-ZIP PORTLAND OR 97217

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

TITLE ED
NAME SCHUTTAUF, ERICH ☐ Delete
STREET ADDRESS 1703 N MAIN ST
CITY-ST-ZIP KISSIMMEE FL 34741

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

4/25/02 407 933 2064

Date

Daytime Phone #

CR2E037 (9/01)

0055689



DO NOT WRITE IN THIS SPACE