2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State
04-16-2003 90128 023 ****61.25

DOCUMENT # 718793

1. Entity Name
AMERICAN ASSOCIATION FOR NUDE RECREATION, INC.

Principal Place of Business	Mailing Address
1703 NORTH MAIN STREET KISSIMMEE FL 34744-3396	1703 NORTH MAIN STREET KISSIMMEE FL 34744-3396

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE E E Schuttauf ERICH E SCHUTTAUF 4/11/03
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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, GREGORY A P O BOX 197 N/A BETHEL PARK PA 15102-0197	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O BROWN, PATRICIA PO BOX 937 MARCOLA OR 97454	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AGUIRRE, MARILOU 567 9TH AVE SAN FRANCISCO CA 94118	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O MIGLIORE, BOB #13-240 LUMSDEN AVE WINNIPEG, MB R2Y 0J9 CANADA	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PARKER, MIKE 6825 N FENWICK AVE PORTLAND OR 97217	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ED SCHUTTAUF, ERICH 1703 N MAIN ST KISSIMMEE FL 34741	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: E E Schuttauf SIGNATURE ERICH E SCHUTTAUF 4/11/03 407 933 2064
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #