

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 721700

1. Entity Name

UMATILLA BAND AIDES ASSOCIATION, INC.

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90020 004 ****70.00

Principal Place of Business TROWELL AVE P.O. BOX 1601 UMATILLA FL 32784	Mailing Address TROWELL AVE P.O. BOX 1601 UMATILLA FL 32784-1601
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 44-2068130	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LOCKE, WESLEY
557 WINOGENE AVE
UMATILLA FL 32784**

7. Name and Address of New Registered Agent

Name **DAWN E. PANTKE**
 Street Address (P.O. Box Number is Not Acceptable) **4222 OAKBERRY DRIVE**
 City **ORLANDO** FL Zip Code **32817**

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 *Dawn E. Pantke, Band Director* DATE 3/31/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**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

TITLE	SD	<input type="checkbox"/> Delete
NAME	WOODWORTH, KELLY	
STREET ADDRESS	10950 N EM-EN-EL GROVE RD	
CITY-ST-ZIP	UMATILLA FL 32784	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	COLLINS, BETH	
STREET ADDRESS	295 ORANGE CT	
CITY-ST-ZIP	UMATILLA FL 32784	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WUNSCH, JUDYTH L	
STREET ADDRESS	420 EDGEWATER AVE	
CITY-ST-ZIP	UMATILLA FL 32784	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MCCALL, KELLY	
STREET ADDRESS	400 S CENTRAL AVE	
CITY-ST-ZIP	UMATILLA FL 32784	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CINDY MERRITT	
STREET ADDRESS	24973 CR 42	
CITY-ST-ZIP	PAISLEY, FL 32767	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY MCCALL	
STREET ADDRESS	400 S. Central AVE.	
CITY-ST-ZIP	Umatilla, FL 32784	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERRY SCHICHEL	
STREET ADDRESS	P.O. Box 1	
CITY-ST-ZIP	Umatilla, FL 32784	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Kelley J. McCall* Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)