

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90413 001 \*\*\*\*\*8.75  
 05-03-2001 90413 002 \*\*\*\*\*61.25

**DOCUMENT # 721700**

1. Entity Name

**UMATILLA BAND AIDES ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

TROWELL AVE  
 P.O. BOX 1601  
 UMATILLA FL 32784

TROWELL AVE  
 P.O. BOX 1601  
 UMATILLA FL 32784

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

**44-2068130**

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

PANTKE, DAWN E  
 4222 OAKBERRY DRIVE  
 ORLANDO FL 32817

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

*Dawn E. Pantke*

*4/22/01*

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: **SD**  Delete  
 NAME: **WOODWORTH, KELLY**  
 STREET ADDRESS: **10950 N EM-EN-EL GROVE RD**  
 CITY-ST-ZIP: **UMATILLA FL 32784**

TITLE: **Secretary**  Change  Addition  
 NAME: **gerry Ransom**  
 STREET ADDRESS: **P.O. Box 502**  
 CITY-ST-ZIP: **Umatilla, FL, 32784**

TITLE: **TD**  Delete  
 NAME: **MERRITT, CINDY**  
 STREET ADDRESS: **24973 CR 42**  
 CITY-ST-ZIP: **PAISLEY FL 32767**

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

TITLE: **PD**  Delete  
 NAME: **MCCALL, KELLY**  
 STREET ADDRESS: **4005 CENTRAL AVE**  
 CITY-ST-ZIP: **UMATILLA FL 32784**

TITLE: **President**  Change  Addition  
 NAME: **Judyth L. Wunsch**  
 STREET ADDRESS: **P.O. Box 272**  
 CITY-ST-ZIP: **Umatilla, FL, 32784**

TITLE: **VD**  Delete  
 NAME: **SCHICHEL, TERRY**  
 STREET ADDRESS: **PO BOX 1**  
 CITY-ST-ZIP: **UMATILLA FL 32784**

TITLE: **Vice President**  Change  Addition  
 NAME: **Jeanine Frebe**  
 STREET ADDRESS: **40717 Marquette Rd.**  
 CITY-ST-ZIP: **Umatilla, Florida 32784**

TITLE:  Delete  
 NAME:  Delete  
 STREET ADDRESS:  Delete  
 CITY-ST-ZIP:  Delete

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

TITLE:  Delete  
 NAME:  Delete  
 STREET ADDRESS:  Delete  
 CITY-ST-ZIP:  Delete

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

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:

*Cindy Frebe*

*4/22/01*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)