

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 28, 2002 8:00 am**  
**Secretary of State**

08-28-2002 90037 027 \*\*\*\*70.00

**DOCUMENT # 731210**

1. Entity Name

**THE DEFUNIAK SPRINGS BUSINESS AND PROFESSIONAL ASSOCIATION, INC.**

Principal Place of Business

**BALDWIN AVENUE  
 DEFUNIAK SPRINGS FL 32433**

Mailing Address

**P.O. BOX 219  
 DEFUNIAK SPRINGS FL 32433**

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 **23-7410704**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NEALE, ROBERT A  
 46 S. 8TH ST.  
 DEFUNIAK SPRINGS FL 32435**

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

**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 **DS** ☒ Delete  
 NAME **CASWELL, PEGGY**  
 STREET ADDRESS **171 DOGWOOD**  
 CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**

TITLE **DS** ☐ Change ☒ Addition  
 NAME **Carolyn F. Mora**  
 STREET ADDRESS **663 S. 2nd Street**  
 CITY-ST-ZIP **Defunick Spgs, FL 32435**

TITLE **DT** ☐ Delete  
 NAME **NEALE, ROBERT A**  
 STREET ADDRESS **46 S. 8TH ST.**  
 CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**

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

TITLE **DP** ☒ Delete  
 NAME **WOOD-BOVEE, RICKIE E**  
 STREET ADDRESS **5880 CTY HWY 1883**  
 CITY-ST-ZIP **PONCE DE LEON FL 32455**

TITLE **DP** ☐ Change ☒ Addition  
 NAME **Ellen M. Mayfield**  
 STREET ADDRESS **57 Bruce Ave**  
 CITY-ST-ZIP **Defunick Spgs, FL 32435**

TITLE **DVP** ☐ Delete  
 NAME **MCHENRY, JAMES**  
 STREET ADDRESS **1066 FREEPORT RD**  
 CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32435**

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:**

**Robert A. Neale, D.T.** 8/19/02 (856) 892-5423

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)