

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 743060

1. Entity Name

PROFESSIONAL PHOTOGRAPHERS SOCIETY OF NORTH FLOR

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90097 045 ****70.00

Principal Place of Business 2406 LIGUSTRUM RD. JACKSONVILLE FL 32211 US	Mailing Address 2406 LIGUSTRUM RD. JACKSONVILLE FL 32211-0402 US
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1633 SAN MARCO BLVD. Suite, Apt. #, etc. SUITE # 6 City & State JACKSONVILLE, FL Zip 32207 Country US	3. Mailing Address 5000-18 HWY. 17 Suite, Apt. #, etc. PMB 163 City & State ORANGE PARK, FL Zip 32073 Country US
---	---

4. FEI Number 59-3014334	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 FRASER, MICHAEL L 2406 LIGUSTRUM RD. JACKSONVILLE FL 32211

7. Name and Address of New Registered Agent Name REMPSEN, KENNETH M. Street Address (P.O. Box Number is Not Acceptable) 5000-18 HWY. 17 #163 City ORANGE PARK FL Zip Code 32073
--

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 Kenneth M. Remsen, President DATE MARCH 16, 2000
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 NAME STREET ADDRESS CITY-ST-ZIP	PD FRASER, MICHAEL L 2406 LIGUSTRUM RD. JACKSONVILLE FL 32211 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REMSON, KEN 5000-18 HWY 17 STE 163 JACKSONVILLE FL 32211 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MICHAL, SUSAN 10418 DOCKSIDER DR WEST JACKSONVILLE FL 32217 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CAMPIZ, RAMFIS 7761 OLD KINGS RD JACKSONVILLE FL 32217 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STITT, TOM 5204 ROBERT SCOTT DR SOUTH JACKSONVILLE FL 32207 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REMPSEN, KENNETH M. 5000-18 HWY 17 PMB 163 ORANGE PARK, FL 32073 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BALLINGER, MIKE 1633 SAN MARCO BLVD. #6 JACKSONVILLE, FL 32207 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Kenneth M. Remsen 3-16-00 904-399-5554
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #