

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 748799

1. Entity Name

AMERICAN NUDIST RESEARCH LIBRARY, INC.

Principal Place of Business

Mailing Address

2950 SUN COVE DR
KISSIMMEE FL 34746
US

2950 SUN COVE DR
CYPRESS COVE
KISSIMMEE FL 34746-2773
US

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

59-1939933

Applied For

Not Applied

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

HADLEY, DEAN D
2941 SUN COVE DR
KISSIMMEE 34746

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 PD
NAME PURCELL, FRANCES E
STREET ADDRESS 3406 RESTFUL PLACE
CITY-ST-ZIP KISSIMMEE FL 34746 ☐ Delete

TITLE VD
NAME KUSSOW, OMAR
STREET ADDRESS 3103 RED FOX RUND
CITY-ST-ZIP KISSIMMEE FL ☒ Delete

TITLE SD
NAME FLEER, TRUDY
STREET ADDRESS 3212 OAK PARK LANE
CITY-ST-ZIP KISSIMMEE FL ☐ Delete

TITLE TD
NAME UPMEYER, JACK
STREET ADDRESS 3214 LIGUSTRUM LANE
CITY-ST-ZIP KISSIMMEE, FL 00000 ☒ Delete

TITLE D
NAME HADLEY, DEAN
STREET ADDRESS 2941 SUN COVE DR
CITY-ST-ZIP KISSIMMEE, FL 00000 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE VD X
NAME CARRICO, RICHARD
STREET ADDRESS 4411 EAGLE POINT
CITY-ST-ZIP KISSIMMEE, FL ☐ Change ☒

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

TITLE TD
NAME FISHER, DAVID
STREET ADDRESS 4104 CANNON COURT
CITY-ST-ZIP KISSIMMEE, FL ☐ Change ☒

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

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

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90132 021 ***61.25

B0016530



DO NOT WRITE IN THIS SPACE

SIGNATURE: *Frances E. Purcell* FRANCES E. PURCELL 1/3/2000 933-54