

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 748799

FILED  
Jan 11, 2002 8:00 AM  
Secretary of State

**Entity Name:** AMERICAN NUDIST RESEARCH LIBRARY, INC.

## Current Principal Place of Business:

2950 SUN COVE DR  
KISSIMMEE, FL 34746 US

## New Principal Place of Business:

## Current Mailing Address:

2950 SUN COVE DR  
CYPRESS COVE  
KISSIMMEE, FL 34746 US

## New Mailing Address:

2950 SUN COVE DR  
KISSIMMEE, FL 34746 US

FEI Number: 59-1939933

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HADLEY, DEAN D  
2941 SUN COVE DR  
KISSIMMEE, FL 34746 US

## Name and Address of New Registered Agent:

HADLEY, DEAN D  
2941 SUN COVE DR  
KISSIMMEE, FL 34746 US

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: DEAN D HADLEY

01/11/2002

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: HADLEY, DEAN,  
Address: 2941 SUN COVE DR  
City-St-Zip: KISSIMMEE, FL 00000,

Title: TD ( ) Delete  
Name: FISHER, DAVID  
Address: 4104 CANNON COURT  
City-St-Zip: KISSIMMEE, FL

Title: SD ( ) Delete  
Name: FLEER, TRUDY  
Address: 3212 OAK PARK LANE  
City-St-Zip: KISSIMMEE, FL

Title: VD ( ) Delete  
Name: FISHER, HELEN  
Address: 4104 CANNON COURT  
City-St-Zip: KISSIMMEE, FL 34746

Title: PD ( ) Delete  
Name: PURCELL, FRANCES E  
Address: 3406 RESTFUL PLACE  
City-St-Zip: KISSIMMEE, FL 34746

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID FISHER

TD

01/11/2002

Electronic Signature of Signing Officer or Director

Date