

DOCUMENT # 755943

## 1. Entity Name

EUSTIS BUSINESS &amp; PROFESSIONAL ASSOCIATION, INC.



## Principal Place of Business

SOCIATION, INC.  
C/O 26 MAGNOLIA AVE  
EUSTIS FL 32726

## Mailing Address

SOCIATION, INC.  
C/O 26 MAGNOLIA AVE  
EUSTIS FL 32726

## 2. Principal Place of Business - No P.O. Box #

## 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

## 4. FEI Number

59-2154260

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

STEBBINS, ROBERT A  
26 MAGNOLIA AVE  
EUSTIS FL

## 7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE: PD ☐ Delete  
NAME: LUBRECHT, JOHN F  
STREET ADDRESS: 24 E MAGNOLIA AVE.  
CITY-STATE-ZIP: EUSTIS FL 32726

TITLE: VPD ☐ Delete  
NAME: PORTER, SUE  
STREET ADDRESS: 120 E MAGNOLIA AVE  
CITY-STATE-ZIP: EUSTIS FL 32726

TITLE: TD ☐ Delete  
NAME: STEBBINS, ROBERT A  
STREET ADDRESS: 26 E MAGNOLIA AVENUE  
CITY-STATE-ZIP: EUSTIS FL 32726

TITLE: SD ☐ Delete  
NAME: VAN DELLEN, STEVE  
STREET ADDRESS: 38019 FELKINS RD.  
CITY-STATE-ZIP: LEESBURG FL 34788

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP: 000000694204  
04/17/07-80009-003 61.25

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

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NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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. STEBBINS

Treasurer/Director 4-4-07 (352)357-3151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #