

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90032 019 ****61.25

510433



DO NOT WRITE IN THIS SPACE

DOCUMENT # F93000000806

1. Entity Name

NATIONAL COMMUNITY CORPORATION

Principal Place of Business

Mailing Address

17772 BRIDLE LANE
JUPITER FL 33478
US

P.O. BOX 8571
JUPITER FL 33468
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

39-1621969

Applied For

Not Applicable

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

TRIMBLE, LYNN
17772 BRIDLE LANE
JUPITER FL 33478

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 CP
NAME TRIMBLE, LYNN
STREET ADDRESS 17772 BRIDLE LANE
CITY-ST-ZIP JUPITER FL 33478 ☐ Delete

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

TITLE D
NAME KRISIK
STREET ADDRESS 1621 MULLEN WAY
CITY-ST-ZIP ARKANSAS KA ☐ Delete

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

TITLE V
NAME TRIMBLE, LARRY
STREET ADDRESS 17772 BRIDLE LANE
CITY-ST-ZIP JUPITER FL 33478 ☐ Delete

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

TITLE T
NAME KRISIK, STEVE
STREET ADDRESS P O BOX 14 N/A
CITY-ST-ZIP GENOA CITY WI ☐ Delete

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

TITLE S
NAME KRISIK, JOE
STREET ADDRESS 1621 MULLEN WAY
CITY-ST-ZIP ARKANSAS KA ☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)