

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90081 049 ****61.25

DOCUMENT # F93000004606

1. Entity Name
NATIONAL BUSINESS OWNERS ASSOCIATION, INC.

Principal Place of Business 1033 NORTH FAIRFAX STREET SUITE 402 ALEXANDRIA VA 22314 US	Mailing Address P.O. BOX 2368 LAKE WALES FL 33859-2368 US
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00011151



DO NOT WRITE IN THIS SPACE

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 52-1556575	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
CORPAMERICA INC
1585 SOUTH ANDREWS AVE STE 216
FT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ DATE _____
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	C <input type="checkbox"/> Delete
NAME	RUMFELT, THOMAS B
STREET ADDRESS	244 E. PARK AVE
CITY-ST-ZIP	LAKE WALES FL
TITLE	S <input type="checkbox"/> Delete
NAME	COX, GARY L
STREET ADDRESS	1719 W UNIVERSITY RD., 188
CITY-ST-ZIP	ALEXANDRIA-VA 22309
TITLE	D <input type="checkbox"/> Delete
NAME	THOMAS, L. RAY
STREET ADDRESS	1629 S. LAFAYETTE ST
CITY-ST-ZIP	SHELBY NC
TITLE	DT <input type="checkbox"/> Delete
NAME	BUTLER, RONALD D
STREET ADDRESS	901 CHERRY STREET
CITY-ST-ZIP	RANGER TX
TITLE	D <input type="checkbox"/> Delete
NAME	HART, THEODORE M
STREET ADDRESS	9 SOUTH HICKORY
CITY-ST-ZIP	BEL AIR MD
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED** Thomas B. Rumfelt 1/12/01 (863) 676-1681
Signature and typed or printed name of signing officer or director Date Daytime Phone #

UBR 1/03

CR2E037 (10/00)