

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F93000004606**

1. Entity Name

NATIONAL BUSINESS OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1033 NORTH FAIRFAX STREET
SUITE 402
ALEXANDRIA VA 22314
USP.O. BOX 2368
LAKE WALES FL 33859-2368
US

2. Principal Place of Business

820 Gibbon Street

3. Mailing Address

Suite, Apt. #, etc.

204

Suite, Apt. #, etc.

City & State

Alexandria, VA 22314

City & State

4. FEI Number

52-1556575

Applied For

Not Applicable

Zip

22314

Country

Zip

Country

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

CORPAMERICA INC
1585 SOUTH ANDREWS AVE STE 216
FT LAUDERDALE FL 33316

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 \$61.259. 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 C ☐ Delete
NAME RUMFELT, THOMAS B
STREET ADDRESS 244 E. PARK AVE
CITY-ST-ZIP LAKE WALES FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE S ☐ Delete
NAME COX, GARY L
STREET ADDRESS 1719 W UNIVERSITY RD., 188
CITY-ST-ZIP ALEXANDRIA VA 22309TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☐ Delete
NAME THOMAS, L RAY
STREET ADDRESS 1629 S. LAFAYETTE ST
CITY-ST-ZIP SHELBY NCTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE DT ☐ Delete
NAME BUTLER, RONALD D
STREET ADDRESS 901 CHERRY STREET
CITY-ST-ZIP RANGER TXTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☐ Delete
NAME HART, THEODORE M
STREET ADDRESS 9 SOUTH HICKORY
CITY-ST-ZIP BEL AIR MDTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 REQUIRED

Thomas B. Rumfelt 4/1/02 (863) 676-1681

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90721 031 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)