

2001 UNIFORM BUSINESS REPORT (UBR)

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

01-29-2001 90140 019 ****61.25

DOCUMENT # F99000000325

1. Entity Name

NATIONAL ORGANIZATION OF CIRCUMCISION INFORMATIO

Principal Place of Business

Mailing Address

PO BOX 2512
 SAN ANSELMO CA 94979-2512

PO BOX 2512
 SAN ANSELMO CA 94979-2512

2. Principal Place of Business

3. Mailing Address

PO Box 11808

PO Box 11808

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Pensacola, FL

Pensacola, FL

Zip

Country

Zip

Country

32524-1808

32524-808

4. FEI Number

59-3558935
 68-0105441

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

ROSE, BRUCE E
 712 UNDERWOOD AVE #901K
 PENSACOLA FL 32504

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

B. Edward Rose Treasurer and Co-Director 1/17/01

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 P
 NAME MILOS, MARILYN F RN ☐ Delete
 STREET ADDRESS 20 CANDELERA AVENUE
 CITY-ST-ZIP FOREST KNOLLS CA

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

TITLE S
 NAME TEPLIN, KRIS RN ☐ Delete
 STREET ADDRESS 20 CANDELERA AVENUE
 CITY-ST-ZIP FOREST KNOLLS CA

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

TITLE T
 NAME CURRAN, SHEILA RN ☐ Delete
 STREET ADDRESS 20 CANDELERA AVENUE
 CITY-ST-ZIP FOREST KNOLLS CA

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

TITLE D
 NAME SNYDER, JAMES ☐ Delete
 STREET ADDRESS P.O. BOX 531
 CITY-ST-ZIP CLIFTON FORGE VA 24422

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

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:

Bruce Edward Rose
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)