

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G07694**

1. Entity Name
NFC MANAGEMENT, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90082 012 ***150.00

Principal Place of Business
**2750 TRAIL DAIRY CIRCLE
N. FORT MYERS FL 33917**

Mailing Address
**P.O. BOX 3514
N FORT MYERS FL 33918**

DUU57503



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2236349		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CLEMONS, NORMAN F 2750 TRAIL DAIRY CIRCLE N FORT MYERS FL 33918				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		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 if applicable, (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐	FILE NOW!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PENNINGTON, NORMA 1810 CHERIE LANE N. FT. MYERS FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lear, Pamela 4061 SE 26 Court Road Ocala, FL 34480 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLEMONS, NORMAN F 2750 TRAIL DAIRY CIRCLE N. FORT MYERS FL 33917 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Peterson, Gina 5611 Burnham Court N. Fort Myers, FL 33903 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CLEMONS, DENNIS 2999 NOTTS DAIRY ROAD ARCADIA FL 33865 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Beck, Norman S. 8472 Vickers Road Hahira, GA 31632 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAGEN, GLORIA 3318 W. RIVERSIDE DRIVE FORT MYERS FL 33901 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wiltgen, Angela B 13226 Highland Chase PL Fort Myers, FL 33913 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hagen, Laura 3318 W. Riverside Drive Fort Myers, FL 33901 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tara Clemons 2999 SE Notts Dairy Road Arcadia, FL 34265 ☐ Change ☒ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Norman F. Clemons* **Norman F. Clemons, Pres 4/20/01 941-731-5421**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

Page 2 Attached