

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000005446

1. Entity Name

OPERATION APPALACHIAN, INC.

Principal Place of Business

4810 PARETE CIRCLE DR. E  
JACKSONVILLE FL 32218

Mailing Address

4810 PARETE CIRCLE DR. E  
JACKSONVILLE FL 32218

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

Applied For

☒ Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



76653

6. Name and Address of Current Registered Agent

HULBERG, ROBERT K  
4810 PARETE CIRCLE DR. E  
JACKSONVILLE FL 32218

7. Name and Address of New Registered Agent

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**  
**After September 12, 2001, min. will be \$236.25**

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 ☐ Delete  
NAME DP  
STREET ADDRESS HULBERG, ROBERT  
CITY-ST-ZIP 4810 PARETE CIRCLE DR. E  
JACKSONVILLE FL 32218

TITLE ☐ Delete  
NAME DV  
STREET ADDRESS FARAONE, RICH  
CITY-ST-ZIP 4941 GRAND TERRE  
MARRERO LA 70072

TITLE ☐ Delete  
NAME DT  
STREET ADDRESS WOLF, LAURIE  
CITY-ST-ZIP 4810 PARETE CIRCLE DR. E  
JACKSONVILLE FL 32218

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☐ Addition  
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

*Robert K. Hulberg*  
SIGNATURE REQUIRED

7-6-01

904  
766-2253

CR2E037 (5/01)

0001241