

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90145 007 ****61.25

DOCUMENT # N00594

1. Entity Name

**THE FIRST FLORIDA CHAPTER OF THE MILITARY VEHICLE
PRESERVATION ASSOCIATION, INC.**



Principal Place of Business

**2232 SMILEY AVE
WINTER PARK FL 32792**

Mailing Address

**2232 SMILEY AVE
WINTER PARK FL 32792**

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 **59-2362278**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**HANIFORD, TODD
16700 SE 63RD LN
OCKLAWAHA FL 32179**

7. Name and Address of New Registered Agent

Name

NELSON, BUD

Street Address (P.O. Box Number is Not Acceptable)

3253 CHIMNEY DRIVE

City

MIDDLEBURG

FL

Zip Code

32068

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1-18-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PDD** ☒ Delete
NAME **HANSFORD, TODD W**
STREET ADDRESS **16700 SE 63RD LANE**
CITY-ST-ZIP **OCKLAWAHA FL 32179**

TITLE **VP** ☐ Delete
NAME **MURTY, ROBERT**
STREET ADDRESS **7043 SW 99 ST**
CITY-ST-ZIP **OCALA FL 34476**

TITLE **TD** ☒ Delete
NAME **BYERS, ALAN T**
STREET ADDRESS **734 TIMOR AVE**
CITY-ST-ZIP **ORLANDO FL 32804-1748**

TITLE **ED** ☒ Delete
NAME **BYERS, EARLE G**
STREET ADDRESS **2232 SMILEY AVE.**
CITY-ST-ZIP **WINTER PARK FL 32792-4722**

TITLE **SD** ☒ Delete
NAME **HANSFORD, JOANNE**
STREET ADDRESS **16700 SE 63RD LN**
CITY-ST-ZIP **OCKLAWAHA FL 32179**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PDD** ☐ Change ☒ Addition
NAME **NELSON, BUD**
STREET ADDRESS **3253 CHIMNEY DRIVE**
CITY-ST-ZIP **MIDDLEBURG, FL 32068**

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

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

TITLE ☐ Change ☒ Addition
NAME **EDDEREN, RICHARD**
STREET ADDRESS **6528 SUMMERFIELD LOOP**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34655-5649**

TITLE ☐ Change ☒ Addition
NAME **SD DEREN, DIANE**
STREET ADDRESS **6528 SUMMERFIELD LOOP**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34655-5649**

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: **SIGNATURE REQUIRED**

1/16/03

407-740-7517

CR2E037 (10/02)