

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**  
 04-24-2001 90356 039 \*\*\*\*61.25

006-24

**DOCUMENT # N00611**

1. Entity Name

**NAPM - FLORIDA GULF COAST INC.**

Principal Place of Business

PO BOX 13394  
 ST PETERSBURG FL 33733  
 US

Mailing Address

PO BOX 13394  
 ST PETERSBURG FL 33733  
 US

**00040461**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2434365**

Applied For

Not Applicable

Zip

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

**RECK, WILLIAM R JR**  
**1713 SAKURA DR**  
**VALRICO FL 33594**

Name

**GEORGE E. MARTIN C.P.M.**

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

**13901 LYNMAR BLVD**

City

**TAMPA**

**FL**

Zip Code

**33626**

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**

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 ☐ Delete  
 NAME PD  
 STREET ADDRESS ABER, GORDON  
 CITY-ST-ZIP 408 WINDING WILLOW DRIVE  
 PALM HARBOR FL 34693

TITLE ☒ Change ☐ Addition  
 NAME TITLE = DNAD  
 STREET ADDRESS ZIP = 34683  
 CITY-ST-ZIP

TITLE ☒ Delete  
 NAME DNAD  
 STREET ADDRESS SAMIDE, JUDITH  
 CITY-ST-ZIP 13011 PRESTWICK DRIVE  
 RIVERVIEW FL 33569

TITLE ☐ Change ☒ Addition  
 NAME PD  
 STREET ADDRESS EILEEN BYRNE-HALCZYN  
 CITY-ST-ZIP 28310 OPENFIELD LOOP  
 WESTLY CHAPEL, FL 33543

TITLE ☒ Delete  
 NAME TD  
 STREET ADDRESS RECK, WILLIAM R JR  
 CITY-ST-ZIP 1713 SAKURA DRIVE  
 VALRICO FL 33594

TITLE ☐ Change ☒ Addition  
 NAME TD  
 STREET ADDRESS GEORGE E. MARTIN  
 CITY-ST-ZIP 13901 LYNMAR BLVD.  
 TAMPA, FL 33626

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

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/18/01** **813/855-9466**

CR2E037 (10/00)