

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

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90042 020 ****61.25

DOCUMENT # N01000003853

1. Entity Name

OPERATION AFRICA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8750 PERIMETER PARK BLVD.

Suite, Apt. #, etc.

3. Mailing Address

8750 PERIMETER PARK BLVD.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

Country

32216-6347

DUVAL

Zip

Country

32216-6347

DUVAL

4. FEI Number

59-3721904

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

NICHOLAS T. SIMONIC

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

8750 PERIMETER PARK BLVD.

City

JACKSONVILLE

FL

Zip Code

32216-6347

**DO NOT WRITE
IN THIS SPACE**

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

Nicholas T. Simonic

NICHOLAS T. SIMONIC

4-29-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
MCHENDRY, PETER
11562 N. TREASURY CIR.
JACKSONVILLE, FL 32246

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PELHAM, ANN
74 KRANTZVIEW RD.
FLOOF, NATAL, SO. AFRICA 3610

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
VOLKER, GUNTER
UNIT 1, 25 KRANTZVIEW RD.
KLOOF, NATAL, SO. AFRICA 3610

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

PETER MCHENDRY

4-29-02

904/928-1040

CR2E037B (12/01)