

2002 UNIFORM BUSINESS REPORT (UBR)

1/3

FILED
Mar 12, 2002 8:00 am
Secretary of State

01-31-2002 90069 049 *****61.25

DOCUMENT # N01000007492

1. Entity Name

**VERO BEACH, FLORIDA CHAPTER OF THE SOCIETY FOR THE
 PRESERVATION AND ENCOURAGEMENT OF BARBERSHOP Q**

Principal Place of Business

Mailing Address

**1236 42ND AVE
 VERO BEACH FL 32960**

**1236 42ND AVE
 VERO BEACH FL 32960**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

VERO BEACH, FL

Zip

Country

Zip

Country

32960

USA

4. FEI Number **550006954**

5500006954

Applied For

☒ Not Applicable

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

**KERSEY, NOEL R
 1236 42ND AVE
 VERO BEACH FL 32960**

Name

FRED DEIS

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

81 S. HARBOR DR

City

VERO BEACH

FL

Zip Code

32960

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 **Fred Deis (Treasurer)**

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

(NOTE: Registered Agent signature required when reinstating)

1/14/02

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	PRESIDENT	<input type="checkbox"/> Delete
NAME	NOEL R KERSEY — D	
STREET ADDRESS	1236 42ND AVE	
CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	GEORGE POTTER — D	
STREET ADDRESS	5926 62ND LANE	
CITY-ST-ZIP	VERO BEACH, FL 32967	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	FRED DEIS — D	
STREET ADDRESS	81 S. HARBOR DR	
CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **FRED DEIS REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/02

Date

561-564-8460

Daytime Phone #

CR2E037 (9/01)