

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

**FILED**  
**Feb 11, 2003 8:00 am**  
**Secretary of State**

02-11-2003 90071 004 \*\*\*\*61.25

**DOCUMENT # N02000008019**



1. Entity Name

**NORTH AMERICAN ASSOCIATION OF UTILITY DISTRIBUTORS, INC.**

Principal Place of Business

**3025 SANDY LANE  
THE VILLAGES FL 32162**

Mailing Address

~~3025 SANDY LANE~~  
~~THE VILLAGES FL 32162~~

2. Principal Place of Business

3. Mailing Address

**PO Box 1930**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**LADY LAKE FL**

Zip

Country

**32158**

Country

**USA**

4. FEI Number

**82-0510034**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**COKER, LINDA B  
3025 SANDY LANE  
THE VILLAGES FL 32162**

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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **CAMPBELL, SCOTT**  
STREET ADDRESS **209 PURDY ROAD**  
CITY-ST-ZIP **COLBORNE ONTARIO CANADA K0K -1S0**

TITLE **D** ☐ Delete  
NAME **REINHARDT, JAMES G**  
STREET ADDRESS **3105 CORPORATE EXCHANGE COURT**  
CITY-ST-ZIP **BRIDGETON MO 63044**

TITLE **D** ☐ Delete  
NAME **THIMJON, LONNY**  
STREET ADDRESS **3776 WEST BROADWAY**  
CITY-ST-ZIP **MINNEAPOLIS MN 55442**

TITLE **D** ☐ Delete  
NAME **SILBERNAGEL, LEX**  
STREET ADDRESS **105 25TH STREET**  
CITY-ST-ZIP **NORTH FARGO ND 58108**

TITLE **D** ☐ Delete  
NAME **MOAK, EDDIE**  
STREET ADDRESS **815 S. PRESIDENT STREET**  
CITY-ST-ZIP **JACKSON MS 39201**

TITLE **D** ☐ Delete  
NAME **SMITH, GEF**  
STREET ADDRESS **HUGHES SUPPLY COMPANY 1100 OLD STATE ROAD**  
CITY-ST-ZIP **MATTOON IL 61938**

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  
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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**

**2/6/03 314-506-0711**

CR2E037 (10/02)