

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N04678

1. Entity Name

FLORIDA CHAPTER NATIONAL ASSOCIATION OF MASTER A

Principal Place of Business

15405 COYOTE RD
HUDSON, FL 34669
US

Mailing Address

15405 COYOTE RD
HUDSON FL 34669-1140
US

2. Principal Place of Business

7081 SW 47th St

3. Mailing Address

P.O. Box 5846

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Hudson FL

Zip

33155

Country

USA

Zip

34674

Country

USA

4. FEI Number

74-2335399

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHANNON, RALPH M.
15717 BERTRAM DR
HUDSON FL 34667

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.

SIGNATURE

Ralph M Shannon

4/30/00

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

TITLE PD
NAME EVALYN F ORETO
STREET ADDRESS 15405 COYOTE RD
CITY-ST-ZIP HUDSON FL ☒ Delete

TITLE TD
NAME SHANNON, RALPH M.
STREET ADDRESS 15717 BERTRAM DR
CITY-ST-ZIP HUDSON FL 34667 ☐ Delete

TITLE SD
NAME SIEMSEN, CELIA
STREET ADDRESS 315 E CENTRAL
CITY-ST-ZIP WINTER HAVEN FL 33880 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PRESIDENT
NAME Pedro J. Garcia
STREET ADDRESS 7081 SW 47th St
CITY-ST-ZIP Miami, FL 33155 ☒ Change ☐ Addition

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

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

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

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

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:

Ralph M Shannon

4/30/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR EO:7 (9/99)