

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11539

1. Entity Name

NCOA GATEWAY CHAPTER 6 4 6, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90027 014 ****61.25

Principal Place of Business 8624 BROAD ST. NEW PT. RICHEY FL 34654	Mailing Address PO BOX 121 PT RICHEY FL 34673-0121 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-2805700	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

NURSE, FRED E
 11648 DOAKS ST
 NEW PORT RICHEY FL 34654

7. Name and Address of New Registered Agent

Name: **PARKER, JOSEF G.**
 Street Address (P.O. Box Number is Not Acceptable):
7823 KINROSS DR.
 City: **NEW PORT RICHEY, FL** Zip Code: **34653**

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: *Josef G Parker* **JOSEF G. PARKER** **SECRETARY** **2-17-00**
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	VCD	<input type="checkbox"/> Delete
NAME	RHODES, ROBERT J	
STREET ADDRESS	7524 LANCELOT RD	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	TRD	<input type="checkbox"/> Delete
NAME	HETZ, HAROLD E	
STREET ADDRESS	13612 FRANCIS DR.	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	CD	<input type="checkbox"/> Delete
NAME	HOWARD, JOHN R	
STREET ADDRESS	7242 CYPRESS DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	TRD	<input type="checkbox"/> Delete
NAME	MARTIN, WILLIAM M.	
STREET ADDRESS	9921 ISLAND HARBOR DR	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *John R. Howard* **JOHN R. HOWARD** **2/17/00** **727-849-1933**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)