

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

0080532

**DOCUMENT # N11539**

1. Entity Name

**NCOA GATEWAY CHAPTER 6 4 6, INC.**

03-12-2001 90452 044 \*\*\*\*61.25

Principal Place of Business

8624 BROAD ST.  
 NEW PT. RICHEY FL 34654

Mailing Address

PO BOX 121  
 PT RICHEY FL 34673  
 US

120040



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2805700**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**PARKER, JOSEF G**  
**7823 KINROSS DRIVE**  
**NEW PORT RICHEY FL 34653**

7. Name and Address of New Registered Agent

Name **CYNTHIA D. ORR**  
 Street Address (P.O. Box Number is Not Acceptable)  
**11013 BENTWOOD CT**  
 City **NEW PORT RICHEY FL** Zip Code **34654**

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 **CYNTHIA D. ORR**

*Cynthia D. Orr*

**2/28/01**

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**

*CK# 0246*

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          | VCD                      | <input checked="" 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 checked="" 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    |                          |  |

|                |                            |  |
|----------------|----------------------------|--|
| TITLE          | VCD                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | SWITZER, FLOYD V.          |  |
| STREET ADDRESS | 8941 RIDGE ROAD            |  |
| CITY-ST-ZIP    | NEW PORT RICHEY, FL. 34654 |  |
| TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                            |  |
| STREET ADDRESS |                            |  |
| CITY-ST-ZIP    |                            |  |
| TITLE          | CD                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | ORR, KENNETH D.            |  |
| STREET ADDRESS | 11013 BENTWOOD CT          |  |
| CITY-ST-ZIP    | NEW PORT RICHEY, FL. 34654 |  |
| 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: **KENNETH D. TORRE**

**2/28/01**

**727-849-1933**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)