

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N13063

1. Entity Name

NORTH CENTRAL FLORIDA CHAPTER OF AMERICAN EX-PRI

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90094 011 \*\*\*\*61.25

Principal Place of Business

Mailing Address

633-A SILVERPASS  
OCALA FL 34472

633-A SILVERPASS  
OCALA FL 34472-4900

11540 S.E. Highway 46  
OKLA WAHA, FL 32179

2. Principal Place of Business

3. Mailing Address

11540 S.E. HWY 464  
Suite, Apt. #, etc.  
OKLA WAHA, FL

11540 S.E. HWY 464  
Suite, Apt. #, etc.  
OKLA WAHA, FL

City & State  
32179

City & State  
32179

Zip

Country

USA

Zip

Country

USA

4. FEI Number

59-2440560

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

DUPUIS, JOSEPH  
1154 SE HWY 464  
OKLA WAHA FL 34474

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

*Joseph Dupuis*

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME SIMMONS, CATHY  
STREET ADDRESS 251 C308 & C309  
CITY-ST-ZIP GEORGE TOMN FL

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

TITLE TD ☒ Delete  
NAME TOM BOYD  
STREET ADDRESS 633-A SILVER PASS  
CITY-ST-ZIP OKALA FL

TITLE TREASURER ☐ Change ☒ Addition  
NAME ELSIE LINK  
STREET ADDRESS 5095 N.W. 16th Street  
CITY-ST-ZIP OKALA FL 34482

TITLE D ☐ Delete  
NAME JOHN ASH  
STREET ADDRESS 1601 N.W. 150 AVENUE  
CITY-ST-ZIP OKALA FL

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

TITLE DS ☐ Delete  
NAME DUPUIS, VIOLA  
STREET ADDRESS 1154 SE HWY 464  
CITY-ST-ZIP OKLA WAHA FL

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

TITLE C ☐ Delete  
NAME DUPUIS, JOSEPH  
STREET ADDRESS 1154 SE HWY 464  
CITY-ST-ZIP OKLA WAHA FL 34474

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

TITLE C ☒ Delete  
NAME HARVEY, ROBERT A  
STREET ADDRESS 2884C 42ND LN  
CITY-ST-ZIP OKALA FL

TITLE ☒ Change ☐ Addition  
NAME HARVEY, MAXINE  
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Thomas G. Boyd* 4/6/00

Date

Daytime Phone #

CR2E037 (9/99)