

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90058 022 ****61.95

DOCUMENT # N13063

1. Entity Name

NORTH CENTRAL FLORIDA CHAPTER OF AMERICAN EX-PRI

Principal Place of Business

11540 SE HWY 464
OCCLAWAHA FL 32179
US

Mailing Address

11540 SE HWY 464
OCCLAWAHA FL 32179
US

2. Principal Place of Business

5095 NW 18th St
Suite, Apt. #, etc.

3. Mailing Address

5095 NW 18th St
Suite, Apt. #, etc.

City & State

Ocala FL

City & State

Ocala FL

4. FEI Number

59-2440560

Applied For

Not-Applicable

Zip

34482

Country

USA

Zip

34482

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUPUIS, JOSEPH
1154 SE HWY 464
OCCLAWAHA FL 34474

7. Name and Address of New Registered Agent

Name

William Link

Street Address (P.O. Box Number is Not Acceptable)

5095 NW 18th Street

City

Ocala

FL

Zip Code

34482

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 William Link, Commander

William Link

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

TITLE T ☐ Delete
NAME LINK, ELSIE
STREET ADDRESS 5095 NW 18TH ST
CITY-ST-ZIP Ocala FL 34482

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

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

TITLE C ☒ Delete
NAME DUPUIS, JOSEPH
STREET ADDRESS 1154 SE HWY 464
CITY-ST-ZIP OCCLAWAHA FL 34474

TITLE C ☒ Delete
NAME HARVEY, MAXINE
STREET ADDRESS 2864C 42ND LN
CITY-ST-ZIP Ocala FL

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE C ☒ Change ☐ Addition
NAME William Link
STREET ADDRESS 5095 NW 18th St
CITY-ST-ZIP Ocala, FL 34482

TITLE ☒ Change ☐ Addition
NAME Florine Rees
STREET ADDRESS 1101-B W. Glen eagles Rd
CITY-ST-ZIP Ocala, FL 34472

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: Florine Rees
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-04-01 352-624-1531
Date Daytime Phone #

CR2037 (10/00)