

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14701

1. Entity Name

THE FLORIDA SECTION OF THE AMERICAN NUCLEAR SOCIETY

(P)

FILED
Aug 04, 2000 8:00 am
Secretary of State

08-04-2000 90005 014 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
C/O JOHN WEAVER NT02 C/O JOHN WEAVER NT02
15760 POWERLINE RD (FL POWER CORP) 15760 W POWER LINE RD (FL POWER CORP)
CRYSTAL RIVER FL 34428-6708 CRYSTAL RIVER FL 34428-6708
US US

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

4. FEI Number 23-7289319 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
WEAVER, JOHN R PIKE, WALTER J.
15760 W POWER LINE RD Street Address (P.O. Box Number is Not Acceptable)
CRYSTAL RIVER FL 34428 15760 W. POWER LINE ST.
City CRYSTAL RIVER FL Zip Code 34428

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 Walter J Pike August 1, 2000
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 After September 13, 2000 min. will be \$236.25
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 NAME STREET ADDRESS CITY-ST-ZIP	CD TULENKO, JAMES U OF F NUCLEAR SCIENCES CENTER ROOM 202 GAINESVILLE FL 32611 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR WEAVER, JOHN 15760 W POWERLINE ST. CRYSTAL RIVER - FL - 34428 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PIKE, WALTER J 15760 W POWERLINE RD CRYSTAL RIVER FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCKEE, PAUL F 15760 W POWERLINE RD CRYSTAL RIVER FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WUNDERLY, BLAIR P 15760 W POWERLINE ROAD CRYSTAL RIVER FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Walter J Pike August 1, 2000 352-563-4970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)