

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24010

1. Entity Name

APCO INSTITUTE, INC.

FILED
Jul 25, 2000 8:00 am
Secretary of State

07-25-2000 90074 001 ***210.00

Principal Place of Business

Mailing Address

2040 SOUTH RIDGEWOOD AVENUE
SOUTH DAYTONA FL 32119

2040 SOUTH RIDGEWOOD AVENUE
SOUTH DAYTONA FL 32119

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2895017

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

7. Name and Address of New Registered Agent

RAMSEY, JOHN
2040 SOUTH RIDGEWOOD AVENUE
SOUTH DAYTONA FL 32119

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

John Ramsey

7/19/00

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

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 D ☐ Delete
NAME GALLAGHER, LYLE
STREET ADDRESS 2040 S RIDGEWOOD AVE
CITY-ST-ZIP S DAYTONA FL 32119

TITLE ☐ Change ☐ Addition
NAME Gallagher, Lyle
STREET ADDRESS 2040 S Ridgewood Ave
CITY-ST-ZIP S Daytona FL 32119

TITLE D ☒ Delete
NAME KEATING, J.T.
STREET ADDRESS 2040 S. RIDGEWOOD AVE.
CITY-ST-ZIP SOUTH DAYTONA FL 32119

TITLE ☐ Change ☒ Addition
NAME d
STREET ADDRESS Thera Bradshaw
CITY-ST-ZIP 2040 S Ridgewood Ave
S Daytona FL 32119

TITLE D ☐ Delete
NAME HANNA, JOE
STREET ADDRESS 2040 S. RIDGEWOOD AVE.
CITY-ST-ZIP SOUTH DAYTONA FL 32119

TITLE ☐ Change ☐ Addition
NAME D
STREET ADDRESS Hanna, Joe
CITY-ST-ZIP 2040 S Ridgewood Ave
S-Daytona FL 32119

TITLE D ☐ Delete
NAME NASH, GLEN
STREET ADDRESS 2040 S RIDGEWOOD AVE
CITY-ST-ZIP S DAYTONA FL 32119

TITLE ☐ Change ☐ Addition
NAME D
STREET ADDRESS Nash, Glen
CITY-ST-ZIP 2040 S Ridgewood Ave
S Daytona FL 32119

TITLE S ☐ Delete
NAME RAMSEY, JOHN
STREET ADDRESS 2040 S RIDGEWOOD AVE
CITY-ST-ZIP S DAYTONA FL 32119

TITLE ☐ Change ☐ Addition
NAME S
STREET ADDRESS Ramsey, John
CITY-ST-ZIP 2040 S Ridgewood Ave
S Daytona FL 32119

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)