

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 90728 021 \*\*\*\*70.00

**DOCUMENT # N24010**

1. Entity Name

**APCO INSTITUTE, INC.**

Principal Place of Business

Mailing Address

**351 N. WILLIAMSON BLVD  
 DAYTONA BEACH FL 32114**

**351 N. WILLIAMSON BLVD  
 DAYTONA BEACH FL 32114**

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

**59-2895017**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**RAMSEY, JOHN  
 351 N. WILLIAMSON BLVD  
 DAYTONA BEACH FL 32114**

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

*[Handwritten Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**5/14/02**

**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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GALLAGER, TYLE</b>	
STREET ADDRESS	<b>351 N. WILLIAMSON BLVD</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32114</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>NASH, GLEN</b>	
STREET ADDRESS	<b>351 N. WILLIAMSON BLVD</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32114</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>RAMSEY, JOHN</b>	
STREET ADDRESS	<b>351 N. WILLIAMSON BLVD</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32114</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BRADSHAW, THERA</b>	
STREET ADDRESS	<b>351 N. WILLIAMSON BLVD</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32114</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STILE, VINCENT</b>	
STREET ADDRESS	<b>351 N. WILLIAMSON BLVD</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32114</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>DP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Nash, Glen</b>	
STREET ADDRESS	<b>351 N. Williamson Blvd</b>	
CITY-ST-ZIP	<b>Daytona Beach, FL 32114</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>DS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Ramsey, John</b>	
STREET ADDRESS	<b>351 N. Williamson Blvd</b>	
CITY-ST-ZIP	<b>Daytona Beach, FL 32114</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Bradshaw, Thera</b>	
STREET ADDRESS	<b>351 N Williamson Blvd</b>	
CITY-ST-ZIP	<b>Daytona Beach, FL 32114</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Stile, Vincent</b>	
STREET ADDRESS	<b>351 N Williamson Blvd</b>	
CITY-ST-ZIP	<b>Daytona Beach, FL 32114</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Ballentine, Gregory S.</b>	
STREET ADDRESS	<b>351 N Williamson Blvd</b>	
CITY-ST-ZIP	<b>Daytona Beach, FL 32114</b>	

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:** *[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **5/14/02**  
 Daytime Phone #

CR2E037 (9/01)