

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27097

1. Entity Name

ATLANTIC PROFESSIONAL PHOTOGRAPHERS ASSOCIATION,

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90095 036 ****61.25

Principal Place of Business	Mailing Address
5090 DALEHURST DR COCOA FL 32926 US	5090 DALEHURST DR COCOA FL 32926-2520 US

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	Applied For
59-2961711	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
WHEELER, MIKE 5090 DALEHURST DR COCOA FL 32926

7. Name and Address of New Registered Agent
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 4/25/2000
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

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 <input type="checkbox"/> Delete
NAME	BOOROM, GARY
STREET ADDRESS	467 FORREST AVE, 119
CITY - ST - ZIP	COCOA FL
TITLE	D <input type="checkbox"/> Delete
NAME	CROUCH, SUE
STREET ADDRESS	599 SHERWOOD AVE
CITY - ST - ZIP	SATELLITE BEACH FL 32937
TITLE	P <input type="checkbox"/> Delete
NAME	SKROBOT, LEE
STREET ADDRESS	6785 CALIPA AVE
CITY - ST - ZIP	COCOA FL 32927
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	DAVID A. SHIRAH
STREET ADDRESS	990 CAROLINA CIRCLE
CITY - ST - ZIP	TITUSVILLE FL
TITLE	T <input type="checkbox"/> Delete
NAME	WHEELER, MIKE
STREET ADDRESS	5090 DALEHURST DR
CITY - ST - ZIP	COCOA FL 32926
TITLE	V <input checked="" type="checkbox"/> Delete
NAME	LAMBERT, ROBIN
STREET ADDRESS	3206 S HOPKINS AVE
CITY - ST - ZIP	TITUSVILLE FL 32780

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARRELL NICHOLS
STREET ADDRESS	592 COMMANCHE AVE
CITY - ST - ZIP	MELBOURNE, FL 32935
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JULIE HUGHES
STREET ADDRESS	5126 SE KEO. HWY
CITY - ST - ZIP	STUART, FL 34997

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: 4/25/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #