

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90275 001 ****61.25

DOCUMENT # N40995

1. Entity Name

SOUTHEASTERN CHAPTER OF NEDA, INC.

Principal Place of Business

Mailing Address

**1230 W. CENTRAL BOULEVARD
 ORLANDO FL 32805
 US**

**PO BOX 3671
 ORLANDO FL 32802
 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

59-3112866

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

**HAMMOND, JOHN T
 1230 W CENTRAL BLVD
 ORLANDO FL 32805**

Name

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

DE

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PDD** ☐ Delete
 NAME **SHRUM, JOHN**
 STREET ADDRESS **949 ROSEWOOD DRIVE**
 CITY-ST-ZIP **COLUMBIA SC 29201**

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

TITLE **TDD** ☐ Delete
 NAME **HAMMOND, JOHN**
 STREET ADDRESS **1230 W. CENTRAL BLVD.**
 CITY-ST-ZIP **ORLANDO FL**

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

TITLE **VDD** ☒ Delete
 NAME **STUDER, FRANK**
 STREET ADDRESS **415 UNIVERSITY RIDGE**
 CITY-ST-ZIP **GREENVILLE SC 29601**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V/D** ☐ Change ☒ Addition
 NAME **Manny Brunson**
 STREET ADDRESS **900 Sunset Blvd.**
 CITY-ST-ZIP **W. Columbia, SC 29169**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S/D** ☐ Change ☒ Addition
 NAME **Eric Max**
 STREET ADDRESS **416 Mary Lindsay Polk Drive, Suite 507**
 CITY-ST-ZIP **Franklin, TN 37067**

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.

John T. Hammond

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasury/Director

4/23/02 (407)849-6060

Date

Daytime Phone #

CR2E037 (9/01)