

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41331

1. Entity Name

CENTER FOR HISTORICAL ARCHAEOLOGY, INC.

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90038 013 ****70.00

Principal Place of Business 3220 RIVER VILLA WAY 161 MELBOURNE BEACH FL 32951 US	Mailing Address 3220 RIVER VILLA WAY S161 MELBOURNE BEACH FL 32951-3034 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 190 Versailles Drive Suite, Apt. #, etc. Suite C	3. Mailing Address 190 Versailles Drive Suite, Apt. #, etc. Suite C
City & State Melbourne Beach	City & State Melbourne Beach
Zip FL 32951	Country Brevard

4. FEI Number 59-3054027	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DE BRY, JOHN 3220 RIVER VILLA WAY #116 MELBOURNE BEACH FL 32951
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 190 Versailles Drive Suite C City Melbourne Beach FL Zip Code 32951

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 de Bry, President 7 March 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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DE BRY, JOHN 3220 RIVER VILLA WAY MELBOURNE BEACH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE BRY, NANCY 3220 RIVER VILLA WAY MELBOURNE BEACH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIEGEL, JERRY L 117 E 62 ST NEW YORK NY <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARDNER, ALLAN J. 948 FERN DRIVE DELRAY BEACH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ambassador, ret. GERARD SUMNER 2081 Cavalia Road Vero Beach, FL 32963 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D De Bry Nancy 190 Versailles Drive, Suite C Melbourne Beach FL 32951 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP De Bry John 190 Versailles Drive, Suite C Melbourne Beach, FL 32951 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARDNER, ALLAN J. 2444 South Ocean Boulevard Highland Beach, FL 33487 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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: John de Bry, President 7/03/00 (321) 723-2467
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)