

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90106 018 ****61.25

DOCUMENT # N44941

1. Entity Name

FLORIDA CONFEDERATION FOR THE PRESERVATION OF HI

Principal Place of Business

Mailing Address

C/O HEWITT J. DUPONT
 912 S RIDGEWOOD AVE., STE D
 DAYTONA BEACH FL 32114

C/O HEWITT J. DUPONT
 912 S RIDGEWOOD AVE., STE D
 DAYTONA BEACH FL 32114-5363

C0009083



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3092341

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

DUPONT, HEWITT J.
 912 S RIDGEWOOD AVE
 SUITE D
 DAYTONA BEACH FL 32114

Name

Street Address (P.O. Box Numbers 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 _____

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	DS	<input type="checkbox"/> Delete
NAME	BLAIR, THOMAS W JR.	
STREET ADDRESS	2545 GARDENIA RD.	
CITY-ST-ZIP	DELAND FL 32724-161B	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	SMITH, NORA ANN	
STREET ADDRESS	1635 CRESTWOOD DR	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	DP	<input type="checkbox"/> Delete
NAME	CHARLES L. SMITH	
STREET ADDRESS	101 S. BUMBY AVE. #J-12	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MICHAEL K. TOOLE	
STREET ADDRESS	125 MARLIN DR	
CITY-ST-ZIP	ORMOND BCH FL 32176	
TITLE	DV	<input type="checkbox"/> Delete
NAME	RICHARD F. JONES	
STREET ADDRESS	292 FIR STREET	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jones, Dinah S.	
STREET ADDRESS	292 Fir Street	
CITY-ST-ZIP	Ormond Beach, FL 32174	
TITLE		<input 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		

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: *Dinah S. Jones*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/11/00 (904)255-6475, ex2235
 Date Daytime Phone #

CR2E037 (9/99)