

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90028 015 ****61.25

DOCUMENT # N46543

1. Entity Name

NORTH EAST BUSINESS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3375-G CAPITAL CIRCLE NE
 % GREGO COCHRAN
 TALLAHASSEE FL 32308

3375-G CAPITAL CIRCLE NE
 % GREGO COCHRAN
 TALLAHASSEE FL 32308-3778

2. Principal Place of Business

3. Mailing Address
 1801 Hermitage Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 130

City & State

City & State
 Tallahassee, Fl.

4. FEI Number

59-3091799

Applied For

Not Applicable

Zip

Country

Zip
 32308

Country
 USA

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

COCHRAN, GREGORY J
 3375-G CAPITAL CIRCLE NE
 TALLAHASSEE FL 32308

Name
 Chris M. Keena
 Street Address (P.O. Box Number is Not Acceptable)
 1801 Hermitage Boulevard, Suite 130
 City
 Tallahassee, FL Zip Code
 32308

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 Chris M. Keena President May 26, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERTS, ANDY 1845 CAPITAL CIRCLE NE TALLAHASSEE FL 32308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KEENA, CHRIS 1801 HERMITAGE BLVD #130 TALLAHASSEE FL 32308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HINTON, DAVID 6439 KINGMAN TRAIL TALLAHASSEE FL 32308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LAWFIELD, MONICA 3610-2 SHAMROCK W TALLAHASSEE FL 32308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD COCHRAN, GREGORY J 3375 G CAPITAL CIR NE TALL FL 32308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Chris M. Keena 1801 Hermitage Blvd. Suite 130 Tallahassee, Fl. 32308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Peggy Munroe 2762 N.E. Capital Circle Tallahassee, Fl. 32308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Jeannie Viggiani 3333 N.E. Capital Circle Tallahassee, Fl. 32308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer David Hinton 1682 Metropolitan Circle Tallahassee, Fl. 32308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Past President Andy Roberts 1114 Thomasville Road Tallahassee, Fl. 32303	<input checked="" 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-26-00 850.385-9668

Date Daytime Phone #

CR2E037 (9/99)