**FILED** 

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Feb 13, 2001 8:00 am **DOCUMENT # N48249** Secretary of State 1. Entity Name PRIMA - CENTRAL FLORIDA CHAPTER, INC. 02-13-2001 90566 002 \*\*\*\*61.25 Principal Place of Business Mailing Address C/O FLORA E BOLES 20 N MAIN STREET 20 N MAIN STREET, ROOM 364 ROOM 364 **BROOKSVILLE FL 34601 BROOKSVILLE FL 34601** 2. Principal Place of Business C/O FRANK CATAPANO 3. Mailing Address 142 N FLORIDA AVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 142 N. FLORIDA AVE. City & State DELAND, FL City & State 4. FE! Number Applied For DELAND, 59-3218014 Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired 32720 USA: 32720 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FRANK CATAPANO C/O VOLUSIA COUNTY Street Address (P.O. Box Number is Not Acceptable) **BOLES, FLORA E** C/O HERNANDO COUNTY BCC 20 N MAIN STREET, ROOM 364 **BROOKSVILLE FL 34601** DELAND 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 \_\_ 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. П FEE IS \$61.25 Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PPD TITLE X Detete ⊧ TITLE Change ☐ Addition HANNON, CHRISTINA NAME NAME 120 MALABAR ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BAY FL 32907 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TSDCATAPANO, FRANK NAME NAME CATAPANO, FRANK STREET ADDRESS 142 N. FLORIDA AVE. STREET ADDRESS 142 N FLORIDA AVE CITY-ST-ZIP **DELAND FL 32720-4601** CITY-ST-ZIP DELAND FL 32720 PD TITLE Delete TITLE ☐ Change ☐ Addition ALLEN, LESLEY NAME NAME STREET ADDRESS 700 PARK AVE. STREET ADDRESS CITY-ST-ZIP TITUSVILLE FL 32780 CITY-ST-ZIP **VPD** Delete TITLE X Change ☐ Addition PD HARSHEY, TIMOTHY W NAME NAME HARSHEY, TIMOTHY W STREET ADDRESS 225 NEWBURY PORT AVE. STREET ADDRESS 225 NEWBURY PORT AVE City-St-ZiP **ALTAMONTE SPRINGS FL 32701** CITY-ST-7IP ALTAMONTE SPRINGS, FL ☐ Delete TITLE BOLES, FLORA E NAME BOLES, FLORA E 20 N MAIN STREET, NAME STREET ADDRESS 20 N MAIN STREET, ROOM 364 STREET ADDRESS ROOM 364 CITY-ST-ZIP **BROOKSVILLE FL 34601** BROOKSVILLE, FL CiTY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FRANK CATAPANO (904) 736-5963 2/1/01 SIGNATURE: Date Daytime Phone #

with all other like empowered

changed, or on an attachment with an address.