

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005613

1. Entity Name

EASTERN ASSOCIATION OF CERTIFIED VOICE STRESS AN

**FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90070 003 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P.O. BOX 17978  
PENSACOLA FL 32522-7978  
US

P.O. BOX 17978  
PENSACOLA FL 32522-7978  
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

59-3217459

☒ 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

PEACOCK, STEVE  
1700 W LEONARD ST  
PENSACOLA FL 32503

Name

Street Address (P.O. Box Number is 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 STEVE PEACOCK

*Steve Peacock*

1-4-00

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 P ☐ Delete  
NAME PEACOCK, STEVE  
STREET ADDRESS 1700 W LEONARD ST  
CITY-ST-ZIP PENSACOLA FL

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

TITLE VP ☒ Delete  
NAME ABELL, DENNIS  
STREET ADDRESS 830 S.E. MARTIN LUTHER KING BLVD  
CITY-ST-ZIP STUART FL

TITLE VP ☒ Change ☐ Addition  
NAME Hugh McCrary  
STREET ADDRESS 3421 Hwy. 77  
CITY-ST-ZIP Panama City, FL 32405

TITLE ST ☐ Delete  
NAME YUHASZ, TRACY  
STREET ADDRESS 1700 W LEONARD ST  
CITY-ST-ZIP PENSACOLA FL

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

TITLE D ☒ Delete  
NAME HUMBLE, CHARLES  
STREET ADDRESS 515 N. FLAGLER DR. #300  
CITY-ST-ZIP W PALM BEACH FL 33401

TITLE D ☒ Change ☐ Addition  
NAME Robert Hurst  
STREET ADDRESS 711 N. Hayne St.  
CITY-ST-ZIP Pensacola, FL 32501

TITLE D ☒ Delete  
NAME VALLEY, JAMES F  
STREET ADDRESS 8049 ARLINGTON EXPRESS WAY  
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE D ☒ Change ☐ Addition  
NAME Carl James  
STREET ADDRESS 804 Grove Ave.  
CITY-ST-ZIP Waycross, GA 31501

TITLE D ☒ Delete  
NAME RIDLEHUBER, HUGH  
STREET ADDRESS 1301 RALSTON AVE.  
CITY-ST-ZIP BELMONT CA 94002

TITLE D ☒ Change ☐ Addition  
NAME Paul Vecker  
STREET ADDRESS 3421 Hwy. 77  
CITY-ST-ZIP Panama City, FL 32405

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: Tracy Yuhasz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-4-00 850-436-9611

CR2E037 (9/99)