

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90066 026 ****61.25

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DOCUMENT # N94000005931

1. Entity Name

NORTH AMERICAN POTBELLED PIG ASSOCIATION, INC.

Principal Place of Business

385 MUTTART ROAD
NEENAH WI 54956

Mailing Address

385 MUTTART ROAD
NEENAH WI 54956

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

59-3280799

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUNT, CHARLES JR
310 CHENEY HIGHWAY
TITUSVILLE FL 32780

7. Name and Address of New Registered Agent

Name **JANIE FINCK**

Street Address (P.O. Box Number is Not Acceptable)

2016 64th St. Court East

City

BRADENTON

FL

Zip Code

34208

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

Janie R. Finck

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/30/01

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PLAUCHE, KATHLEEN	
STREET ADDRESS	707 BATTLE LAKE RD	
CITY-ST-ZIP	RIESEL TX	
TITLE	D	<input type="checkbox"/> Delete
NAME	BALDWIN, LOUISE	
STREET ADDRESS	1614 BEDFORD OAKS	
CITY-ST-ZIP	BEDFORD TX 76021	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GURLEY, SCOTT	
STREET ADDRESS	2744 ERB	
CITY-ST-ZIP	SAINT LOUIS MO 63129	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	FINCK, JANIE	
STREET ADDRESS	2016 - 64 ST CCOURT EAST	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARSHALL, SUE	
STREET ADDRESS	RR #2 BOX 155-B	
CITY-ST-ZIP	LINDEN PA 17744	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHEPARD, NANCY	
STREET ADDRESS	304 CO RD 438	
CITY-ST-ZIP	ROCHEPORT MO	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT GURLEY	
STREET ADDRESS	2744 ERB	
CITY-ST-ZIP	SAINT LOUIS, MO.	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANIE FINCK	
STREET ADDRESS	2016 - 64th St. COURT EAST	
CITY-ST-ZIP	BRADENTON, FL. 34208	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PENNY YOCUM	
STREET ADDRESS	7501 TROYSTONE DRIVE	
CITY-ST-ZIP	FURQUY VARINA, NC 27526	
TITLE	3D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRAN HORN	
STREET ADDRESS	385 MUTTART RD.	
CITY-ST-ZIP	NEENAH, WISCONSIN 54956	
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: *Frances M. Horn* REFERENCE: *M. HORN*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-2001 920-725-5781

Date

Daytime Phone #

CR2E037 (10/00)