

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005931

1. Entity Name

NORTH AMERICAN POTBELLIED PIG ASSOCIATION, INC.

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90049 022 ****61.25

Principal Place of Business 385 MUTTART ROAD NEENAH WI 54956	Mailing Address 385 MUTTART ROAD NEENAH WI 54956
--	--

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State Zip	City & State Zip
Country	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3280799	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FINCK, JANIE 2016 64TH ST. COURT EAST BRADENTON FL 34208	7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 GURLEY, SCOTT 2744 ERB SAINT LOUIS MO <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR GURLEY, SCOTT 2744 ERB SAINT LOUIS, MO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINCK, JANIE 2016-64TH ST. COURT EAST BRADENTON FL 34208 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER/DIRECTOR CINDY DEPORTER 209 Barbary Ct. CARY, NC 27511 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HORN, FRAN 385 MUTTART RD NEENAH WI 54956 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/DIRECTOR YOCUM, PENNY 1501 TROYSTONE DRIVE FUQUAY VARINA, NC 27526 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALDWIN, LOUISE 1614 BEDFORD OAKS BEDFORD TX 76021 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT/DIRECTOR HOLLEY, JAMIE 3850 DACY LANE KYLE, TEXAS 78640 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD YOCUM, PENNY 1501 TROYSTONE DRIVE FUQUAY VARINA NC 27526 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR HAYNIE, MARGARET 13200 HAMEY DR. JAMESTON, CA 95327 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEPARD, NANCCY 304 CO RD 438 ROCHEPORT MO <input type="checkbox"/> Delete	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: Janie Finck **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-2002 Date

920-725-5781 Daytime Phone #

CR2E037 (9/01)