

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000668

1. Entity Name

National Association For The Advancement
Of White People Florida Chapter Inc

Principal Place of Business

Jacksonville, Fl

Mailing Address

PO Box 37504
Jacksonville, Fl
32236

2. Principal Place of Business

Jacksonville, Fl

3. Mailing Address

PO Box 37504

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, Fl

City & State

4. FEI Number

59-3363347

Applied For

Not Applicable

Zip

32236

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Dana Wine
#1 Wine Dr
Box 368
Hilliard, Fl 32046

7. Name and Address of New Registered Agent

Name George Bashure
Street Address (P.O. Box Number is Not Acceptable)
5248 Colonial Ave
City Jacksonville, Fl FL Zip Code 32210

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

George Bashure

3/21/2001

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	PD	<input checked="" type="checkbox"/> Delete
NAME	Dana Wine	
STREET ADDRESS	P.O. Box 368	
CITY-ST-ZIP	Hilliard, Fl 32046	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	Virgil Danese	
STREET ADDRESS	5248 Ridgecrest Ave	
CITY-ST-ZIP	Jacksonville, Fl 32207	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	Tommy Prater	
STREET ADDRESS	3504 Hibiscus St	
CITY-ST-ZIP	Jacksonville, Fl 32254	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	George Bashure	
STREET ADDRESS	5248 Colonial Ave	
CITY-ST-ZIP	Jacksonville, Fl 32207	
TITLE	V/D/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tommy Prater	
STREET ADDRESS	3504 Hibiscus St	
CITY-ST-ZIP	Jacksonville, Fl 32254	
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		
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:

George Bashure
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/2001

(904) 381-5923

Date

Daytime Phone #

CR2E037 (11/00)