

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90026 004 ****70.00

DOCUMENT # N95000000668

1. Entity Name

NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF WHITE PEOPLE, FLORIDA CHAPTER, INC.

Principal Place of Business

Mailing Address

P.O. BOX 37504
JACKSONVILLE FL 32236

P.O. BOX 37504
JACKSONVILLE FL 32236

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

JACKSONVILLE, FL

JACKSONVILLE, FL

Zip

Country

Zip

Country

32236

USA

32236

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BASHURE, GEORGE
5248 COLONIAL AVE
JACKSONVILLE FL 32210

Name

George Bashure

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

5248 Colonial Ave

City

Jacksonville

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

George Bashure (904) 381-5923 1/21/2002

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
NAME
STREET ADDRESS
CITY - ST - ZIP
PDT
BASHURE, GEORGE
5248 COLONIAL AVE
JACKSONVILLE FL 32207 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VDS
PRATER, TOMMY
3504 HIBISCUS ST
JACKSONVILLE FL 32254 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPD
PRATER, TOM
3504 HIBISCUS STREET
JACKSONVILLE FL 32254 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
TOMMY PRATER

Date

Daytime Phone #

1-21-2002 (904) 786-0973

CR2E037 (9/01)

Ac #
N9500000668

402047

NAAWP FLORIDA CHAPTER
FROM: P.O. BOX 37504
JACKSONVILLE, FL.

32236

TO: SECRETARY of State
Division of Corporations
Uniform Business Report filings
P.O. BOX 1500
TALLAHASSEE, FL. 32302-1500

Dear Sirs:

Here is our yearly corporate
payment of \$61.²⁵ and then \$8.⁷⁵
for you to send us a copy of

our charter signed by Catherine Harris.
Mail it to: P.O. BOX #37504 JACKSONVILLE FL 32236

Thank You
George Bashure