

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2003 8:00 am**  
**Secretary of State**

01-30-2003 90113 032 \*\*\*\*70.00

**DOCUMENT # N95000000668**

1. Entity Name

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



Principal Place of Business

P.O. BOX 37504  
JACKSONVILLE FL 32236

Mailing Address

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

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3363347**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BASHURE, GEORGE**  
**5248 COLONIAL AVE**  
**JACKSONVILLE FL 32210**

7. Name and Address of New Registered Agent

Name

**TOMMY PRATER**

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

**3504 HIBISCUS ST**

City

**JACKSONVILLE**

FL

Zip Code

**32254**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *George Bashure*  
*Tommy Prater* *P/D/S/M*

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P/D/S/M** ☒ Change ☐ Addition  
NAME **TOMMY PRATER**  
STREET ADDRESS **3504 HIBISCUS ST**  
CITY-ST-ZIP **JACKSONVILLE, FL 32254**

TITLE **N/D/T** ☒ Change ☐ Addition  
NAME **George Bashure**  
STREET ADDRESS **5248 COLONIAL AVE**  
CITY-ST-ZIP **JACKSONVILLE, FL 32207**

TITLE **D/T** ☐ Change ☒ Addition  
NAME **Jerry Driggers**  
STREET ADDRESS **5016 KIVILLE RD**  
CITY-ST-ZIP **SCREVEN, GA 31560**

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

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

TITLE ☐ Change ☐ 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:

*Tommy Prater* **1-27-03**

**(904) 786-0973**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)