

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002615

1. Entity Name

SOUTHEAST AREA ASSOCIATION OF RESTORATION BRANCH

Principal Place of Business

Mailing Address

% VERN ALLEN  
4933 SE 40TH TERRACE  
OCALA FL 34480

% VERN ALLEN  
4933 SE 40TH TERRACE  
OCALA FL 34480-8517

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

59-3318519

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EVANS, JACK O  
4040 ROSCREA DR.  
TALLAHASSEE FL 32308

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

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 ☐ Delete  
NAME GILMORE, DAN  
STREET ADDRESS 1516 ROCKWELL HEIGHTS DR.  
CITY-ST-ZIP DELAND FL 32724

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

TITLE D ☐ Delete  
NAME GILMORE, ARLENE  
STREET ADDRESS 1516 ROCKWELL HEIGHTS DR.  
CITY-ST-ZIP DELAND FL 32724

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

TITLE TD ☐ Delete  
NAME ALLEN, DOTTIE  
STREET ADDRESS 4933 SE 40 TERRACE  
CITY-ST-ZIP Ocala FL 34480

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

TITLE D ☐ Delete  
NAME VERCAMEN, DON SR.  
STREET ADDRESS 8605 BNOIT AVE.  
CITY-ST-ZIP ORLANDA FL 32836

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

TITLE SD ☐ Delete  
NAME CARLITE, DWIGHT  
STREET ADDRESS 2061 KANFORD AD  
CITY-ST-ZIP PORT STLUCIE FL 34952

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

TITLE VP ☐ Delete  
NAME CAMPBELL, RICHARD  
STREET ADDRESS 116 WAYLAND CIRCLE  
CITY-ST-ZIP LONGWOOD FL 32779

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:

*DAN GILMORE*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jan 19, 2000 8:00 am  
Secretary of State

01-19-2000 90227 012 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

11-7-00