

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90137 002 \*\*\*\*61.25

**DOCUMENT # N95000002615**

1. Entity Name

**SOUTHEAST AREA ASSOCIATION OF RESTORATION BRANCH  
 ES, INC.**

Principal Place of Business

Mailing Address

% VERN ALLEN  
 4933 SE 40TH TERRACE  
 Ocala FL 34480

% VERN ALLEN  
 4933 SE 40TH TERRACE  
 Ocala FL 34480

2. Principal Place of Business

**CENTRAL FL RESTORATION**

3. Mailing Address

**SEAARB**

Suite, Apt. #, etc.

**682 MASON AVE.**

Suite, Apt. #, etc.

**1516 ROCKWELL HEIGHTS DR.**

City & State

**APOPKA, FL**

City & State

**DELAND, FL**

4. FEI Number

**59-3318519**

Applied For

Not Applicable

Zip

**32703-4429**

Country

**USA**

Zip

**32724**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**EVANS, JACK O  
 4040 ROSCREA DR.  
 TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent

Name **DANIEL C. GILMORE**

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

**1516 ROCKWELL HEIGHTS DRIVE**

City

**DELAND,**

**FL**

Zip Code

**32724**

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 **DANIEL C. GILMORE, TREASURER**

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

**2/5/02**

**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

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

TITLE **SD** ☐ Delete  
 NAME **KOCHIS, KEITH**  
 STREET ADDRESS **500 BOSPHORUS AVE**  
 CITY-ST-ZIP **TAMPA FL 33606**

TITLE **TD** ☒ Delete  
 NAME **ALLEN, DOTTIE**  
 STREET ADDRESS **4933 SE 40 TERRACE**  
 CITY-ST-ZIP **OCALA FL 34480**

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☒ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
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 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: **DANIEL C. GILMORE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/5/02 (386) 738-0904**

CR2E037 (9/01)