

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002659

1. Entity Name

FIRST AMERICAN CULTURE & EDUCATION PRESERVATION

Principal Place of Business

FIRST AMERICAN CULTURAL CENTER
HWY 301 NORTH
STARKE FL 32091
US

Mailing Address

RT 5 BOX 7584
STARKE FL 32091-9117
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3327210

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KNIGHT, RICHARD A DR.
547 SE 58TH ST
KEYSTONE HEIGHTS FL 32656

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 D
NAME FELTNER, CHRIS.
STREET ADDRESS 547 SE 58TH STREET
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32565 ☐ Delete

TITLE D
NAME David Gilbert
STREET ADDRESS Rt 5 Box 7584
CITY-ST-ZIP Starke, FL 32091-9117 ☐ Change ☒ Addition

TITLE SVC
NAME HOLOKA, DONNA
STREET ADDRESS 1341 WOODRUFF AVENUE
CITY-ST-ZIP JACKSONVILLE FL 32205 ☐ Delete

TITLE D
NAME David Ferguson
STREET ADDRESS P.O. Box 01291
CITY-ST-ZIP Bronson, FL 32621 ☐ Change ☒ Addition

TITLE VP
NAME JOHNSON, WAYNE
STREET ADDRESS 9500 US HWY 301 SOUTH #5
CITY-ST-ZIP JACKSONVILLE FL 32324 ☐ Delete

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

TITLE D
NAME RAULERSON, RONALD
STREET ADDRESS 17070 ETHEL RD
CITY-ST-ZIP JACKSONVILLE FL 32218 ☐ Delete

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

TITLE D
NAME GRANT, GLORIA
STREET ADDRESS 4915 COUNTY RD, #214
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656 ☒ Delete

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

TITLE P
NAME MCCLUTHEN, THE REV. WILLI
STREET ADDRESS 1109 SW 96TH STREET
CITY-ST-ZIP GAINESVILLE FL 32607 ☐ 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

Date

Daytime Phone #

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90005 049 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)