

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002659

1. Entity Name

FIRST AMERICAN CULTURE & EDUCATION PRESERVATION

Principal Place of Business

Mailing Address

FIRST AMERICAN CULTURAL CENTER  
HWY 301 NORTH  
STARKE FL 32091  
US

RT 5 BOX 7584  
STARKE FL 32091  
US

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 59-3327210

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

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	<input checked="" type="checkbox"/> Delete
NAME	FELTNER, CHRIS	
STREET ADDRESS	547 SE 58TH STREET	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32565	
TITLE	SVC	<input checked="" type="checkbox"/> Delete
NAME	HOLOKA, DONNA	
STREET ADDRESS	1341 WOODRUFF AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, WAYNE	
STREET ADDRESS	9500 US HWY 301 SOUTH #5	
CITY-ST-ZIP	JACKSONVILLE FL 32324	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAULERSON, RONALD	
STREET ADDRESS	17070 ETHEL RD	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	D	<input type="checkbox"/> Delete
NAME	GILBERT, DAVID	
STREET ADDRESS	RT 5 BOX 7584	
CITY-ST-ZIP	STARKE FL 32091	
TITLE	P	<input type="checkbox"/> Delete
NAME	MCCUTCHEN, THE REV. WILLIAM	
STREET ADDRESS	1109 SW 96TH STREET	
CITY-ST-ZIP	GAINESVILLE FL 32607	

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANQUEMONT, DALE	
STREET ADDRESS	PO BOX 731	
CITY-ST-ZIP	MICANDRY, FL 32667	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID FERGUSON, DAVID	
STREET ADDRESS	PO BOX 1291	
CITY-ST-ZIP	BRONSON, FL 32621	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITE, ANTHONY D.	
STREET ADDRESS	RT-2 BOX 842	
CITY-ST-ZIP	LAKE BUTLER FL 32054	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAULERSON, RONALD	
STREET ADDRESS	17070 ETHEL RD.	
CITY-ST-ZIP	JACKSONVILLE, FL 32218	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACQUELINE WHITMORE, JACQUELINE DR.	
STREET ADDRESS	4219 NW 39 WAY	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McCutchen, William N. Dr.	
STREET ADDRESS	1109 SW 96 St.	
CITY-ST-ZIP	GAINESVILLE, FL 32607-3247	

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: WILLIAM N. MCCUTCHEN DATE: 1/8/00 PHONE: 352-332-5085

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

0007997

FILED  
Jan 19, 2001 8:00 am  
Secretary of State

01-19-2001 90042 008 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE