

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002659

1. Entity Name

FIRST AMERICAN CULTURE & EDUCATION PRESERVATION ASSOCIATION, INC.

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 S  
NAME FRANQUEMONT, DALE  
STREET ADDRESS PO BOX 731  
CITY-ST-ZIP MICANOPY FL 32667 ☐ Delete

TITLE  
NAME Whitmore, Jacqueline  
STREET ADDRESS 4219 NW 39 Way  
CITY-ST-ZIP Gainesville FL 32606 ☐ Change ☒ Addition

TITLE D  
NAME FERGUSON, DAVID  
STREET ADDRESS PO BOX 1291  
CITY-ST-ZIP BRONSON FL 32621 ☐ Delete

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

TITLE T  
NAME WHITE, ANTHONY D  
STREET ADDRESS RT-2 BOX 842  
CITY-ST-ZIP LAKE BUTLER FL 32054 ☐ Delete

TITLE T  
NAME White, Anthony O.  
STREET ADDRESS Rt 2 Box 842  
CITY-ST-ZIP Lake Butler FL 32054 ☒ Change ☐ Addition

TITLE VP  
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 GILBERT, DAVID  
STREET ADDRESS RT 5 BOX 7584  
CITY-ST-ZIP STARKE FL 32091 ☐ Delete

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

TITLE P  
NAME MCCUTCHEN, WILLIAM N DR.  
STREET ADDRESS 1109 SW 96TH STREET  
CITY-ST-ZIP GAINESVILLE FL 32607 ☐ Delete

TITLE P  
NAME MCCUTCHEN, WILLIAM N. DR.  
STREET ADDRESS 4440 SW ARCHER ROAD #704  
CITY-ST-ZIP GAINESVILLE, FL 32608-2246 ☒ 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: Anthony O. White ANTHONY O. WHITE 1/12/02 (904) 964-5054  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)

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DO NOT WRITE IN THIS SPACE