

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90275 032 \*\*\*\*61.25

**DOCUMENT # N95000002659**

1. Entity Name

**FIRST AMERICAN CULTURE & EDUCATION PRESERVATION  
ASSOCIATION, INC.**



Principal Place of Business

**FIRST AMERICAN CULTURAL CENTER  
HWY 301 NORTH  
STARKE FL 32091  
US**

Mailing Address

**RT 5 BOX 7584  
STARKE FL 32091  
US**

**80003419**



☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**01-11-03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>FRANQUEMONT, DALE</b> <b>PO BOX 731</b> <b>MICANOPY FL 32667</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FERGUSON, DAVID</b> <b>PO BOX 1291</b> <b>BRONSON FL 32621</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>WHITE, ANTHONY D</b> <b>RT-2 BOX 842</b> <b>LAKE BUTLER FL 32054</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>RAULERSON, RONALD</b> <b>17070 ETHEL RD</b> <b>JACKSONVILLE FL 32218</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GILBERT, DAVID</b> <b>RT 5 BOX 7584</b> <b>STARKE FL 32091</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MCCUTCHEN, WILLIAM N DR.</b> <b>4440 SAN ARCHER ROAD STE 704</b> <b>GAINESVILLE FL 32607</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JESSE V. COOK</b> <b>4411 W. PRICE AVE</b> <b>TAMPA, FL. 33611</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>B</b> <b>PAULA G. RABIDEAU-MILLER</b> <b>2180 S.E. 144TH ST.</b> <b>STARKE, FL. 32091</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>DONNA HOLLOKA</b> <b>1341 WOODRUFF AVE.</b> <b>JACKSONVILLE, FL. 32205</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JACQUELINE WHITMORE</b> <b>4219 N.W. 39TH WAY</b> <b>GAINESVILLE, FL. 32606</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (10/02)

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**

**1/11/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR