

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90153 012 ****61.25

DOCUMENT # N96000000966

1. Corporation Name

SOUTHEAST UNFINISHED FURNITURE RETAILERS ASSOCIATION, INC.

431581 - 90153 - 12

Principal Place of Business

1601 N MAIN ST
GAINESVILLE FL 32609
US

Mailing Address

1601 N MAIN ST
GAINESVILLE FL 32609
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

02/21/1996

4. FEI Number

59-3371082

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

JOHN S. NORTON, JR., P.A.
431 NORTH GRANDVIEW AVE., SUITE B
DAYTONA BEACH FL 32118

10. Name and Address of New Registered Agent

81 Name

BRENDA SOUSA

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

1572 U S HWY. 1 SOUTH

83

84 City

ST. AUGUSTINE

FL

85 Zip Code

32086

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Brenda Sousa

BRENDA SOUSA

DATE 4/22/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
BOLTON, TOM
STREET ADDRESS 523 WEST UNIVERSITY AVE.
CITY-ST-ZIP GAINESVILLE FL 32601

TITLE ☐ DELETE

NAME D
NORDIN, RALPH
STREET ADDRESS 3201 CAPITAL CIRCLE, N.E.
CITY-ST-ZIP TALLAHASSEE FL 32302

TITLE ☐ DELETE

NAME D
PARROTT, STANLEY
STREET ADDRESS 10 HUDSON PLAZA, 435 NORTH GLYNN STREET
CITY-ST-ZIP FAYETTEVILLE GA 30214

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Tom Bolton* **TOM BOLTON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99

Date

352-373-1107

Daytime Phone #

CR2E037 (1/98)

0011674