

2000 UNIFORM BUSINESS REPORT (UBR)

7/1

FILED

Aug 17, 2000 8:00 am
Secretary of State

07-10-2000 90168 001 ****61.25
07-10-2000 90168 002 ****8.75

DOCUMENT # N96000002033

1. Entity Name

PROFESSIONAL PHOTOGRAPHERS OF NORTH CENTRAL FLOR

Principal Place of Business

515 MARION ST
LAKE CITY FL 32025
US

Mailing Address

515 MARION ST
LAKE CITY FL 32025-5247
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3249355

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WATERS, VIRGINIA
515 S MARION STREET
LAKE CITY FL 32025

7. Name and Address of New Registered Agent

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

Virginia Waters, Treasurer

05/01/00

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

TITLE	P	<input type="checkbox"/> Delete
NAME	FLEMING, SUSIE	
STREET ADDRESS	15 NE 2ND AVE	
CITY-ST-ZIP	HIGH SPRINGS FL 32643	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ENKERUD, DONALD	
STREET ADDRESS	2015 NW 30TH STREET	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	V	<input type="checkbox"/> Delete
NAME	WATERS, RON	
STREET ADDRESS	515 S MARION ST	
CITY-ST-ZIP	LAKE CITY FL 32025	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCCOOK, EDWIN	
STREET ADDRESS	PO BOX 450	
CITY-ST-ZIP	LIVE OAK FL 32064	
TITLE	V	<input type="checkbox"/> Delete
NAME	WATERS, VIRGINIA	
STREET ADDRESS	515 S MARION ST	
CITY-ST-ZIP	LAKE CITY FL 32025	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ENKERUD, DONALD	
STREET ADDRESS	2015 NW 30TH ST	
CITY-ST-ZIP	GAINESVILLE FL 32605	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TAMMY GRIFFIN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PO BOX 4141	
STREET ADDRESS	SECRETARY	
CITY-ST-ZIP	Ocala, FL 32478	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	BOARD MEMBER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RALPH SHUPING	
STREET ADDRESS	315 NE 8TH ST	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	BOARD MEMBER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRENDA THORNTON	
STREET ADDRESS	PO BOX 554 FL	
CITY-ST-ZIP	STARKE	

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:

Virginia Waters, Treasurer

05/01/00

152 9550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #