

# 2001 UNIFORM BUSINESS REPORT (UBR)

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  
US

2. Principal Place of Business

315 NE 8TH ST.

Suite, Apt. #, etc.

3. Mailing Address

315 NE 8TH ST.

Suite, Apt. #, etc.

City & State

GAINESVILLE FL.

City & State

GAINESVILLE FL.

Zip

32601

Country

USA

Zip

32601

Country

US

4. FEI Number

59-3249355

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$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 RALPH E. SHUPING

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

315 NE 8TH STREET

City GAINESVILLE

FL

Zip Code 32601

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

*Ralph E. Shuping*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-17-01

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  
NAME FLEMING, SUSIE  
STREET ADDRESS 15 NE 2ND AVE  
CITY-ST-ZIP HIGH SPRINGS FL 32643 ☐ Delete

TITLE S  
NAME ENKERUD, DONALD  
STREET ADDRESS 2615 NW 38TH STREET  
CITY-ST-ZIP GAINESVILLE FL 32605 ☒ Delete

TITLE V  
NAME WATERS, RON  
STREET ADDRESS 515 S MARION ST  
CITY-ST-ZIP LAKE CITY FL 32025 ☐ Delete

TITLE D  
NAME MCCOOK, EDWIN  
STREET ADDRESS PO BOX 456  
CITY-ST-ZIP LIVE OAK FL 32064 ☒ Delete

TITLE T  
NAME WATERS, VIRGINIA  
STREET ADDRESS 515 S MARION ST  
CITY-ST-ZIP LAKE CITY FL 32025 ☐ Delete

TITLE D  
NAME ENKERUD, DONALD  
STREET ADDRESS 2615 NW 38TH ST  
CITY-ST-ZIP GAINESVILLE FL 32603 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P  
NAME RON WATERS  
STREET ADDRESS 515 S MARION ST  
CITY-ST-ZIP LAKE CITY FL 32025 ☒ Change ☐ Addition

TITLE D  
NAME AMY OXNER  
STREET ADDRESS 4604 NW 6TH ST SUITE I  
CITY-ST-ZIP GAINESVILLE FL 32609 ☒ Change ☐ Addition

TITLE V  
NAME VIRGINIA WATERS  
STREET ADDRESS 515 S MARION ST  
CITY-ST-ZIP LAKE CITY FL 32025 ☒ Change ☐ Addition

TITLE D  
NAME KIRK KIER  
STREET ADDRESS 1600 HUSBON AVE.  
CITY-ST-ZIP PALATKA FL 32177 ☒ Change ☐ Addition

TITLE T  
NAME RALPH E. SHUPING  
STREET ADDRESS 315 NE 8TH ST  
CITY-ST-ZIP GAINESVILLE FL 32601 ☒ Change ☐ Addition

TITLE D  
NAME PETER RIVERA  
STREET ADDRESS 917 E. SILVER SPRINGS BLVD. SUITE 2C  
CITY-ST-ZIP OCALA FL 34471 ☒ 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: *Ralph E. Shuping II* RALPH E. SHUPING II

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-01

Date

352-877-5513

Daytime Phone #

CR2E037 (10/00)

0006316

FILED  
Apr 24, 2001 8:00 am  
Secretary of State

04-24-2001 90246 040 \*\*\*\*\*70.00

00001011



DO NOT WRITE IN THIS SPACE