

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004610

1. Entity Name

NORTH FLORIDA MILITARY OFFICIALS ASSOCIATION, IN

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90123 030 \*\*\*\*61.25

Principal Place of Business

Mailing Address

FLEET RESERVE CLUB OF JACKSONVILLE  
5391 COLLINS ROAD  
JACKSONVILLE FL 32244

C/O 2933 W 4TH ST  
JACKSONVILLE FL 32254  
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

59-3051939

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

PHILLIPS, GEORGE M  
4738 LAWNVIEW ST  
JACKSONVILLE FL 32205

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	D	<input type="checkbox"/> Delete
NAME	SAULS, AUBREY P	
STREET ADDRESS	1761 PAPAYA DR. WEST	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PHILLIPS, GEORGE M	
STREET ADDRESS	4738 LAWNVIEW ST.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BOOKER, DOUGLAS D	
STREET ADDRESS	2933 WEST FOURTH ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32254-2420	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VERVYNCK, TERRY W	
STREET ADDRESS	1248 SUMMERFIELD CT	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	D	<input type="checkbox"/> Delete
NAME	MULLEN, DENNIS	
STREET ADDRESS	2250 SANDY CT	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alan Vandercar	
STREET ADDRESS	2862 Russell Oak Dr.	
CITY-ST-ZIP	Green Cove Sprgs. FL 32043	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Mo/Yr

CR2E037 (9/99)