

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State
 03-21-2001 90033 028 ****61.25

DOCUMENT # N96000004610

1. Entity Name

NORTH FLORIDA MILITARY OFFICIALS ASSOCIATION, IN

Principal Place of Business

**FLEET RESERVE CLUB OF JACKSONVILLE
 5391 COLLINS ROAD
 JACKSONVILLE FL 32244**

Mailing Address

**C/O 2933 W 4TH ST
 JACKSONVILLE FL 32254-420
 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

**PHILLIPS, GEORGE M
 4738 LAWNVIEW ST
 JACKSONVILLE FL 32205**

7. Name and Address of New Registered Agent

Name **ALAN VANDERCAR**

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

2862 RUSSELL OAK DR.

City

GREEN COVE SPRINGS

FL

Zip Code

32043

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

TITLE **D** ☐ Delete
 NAME **SAULS, AUBREY P**
 STREET ADDRESS **1761 PAPAYA DR. WEST**
 CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE **PD** ☒ Delete
 NAME **PHILLIPS, GEORGE M**
 STREET ADDRESS **4738 LAWNVIEW ST.**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **STD** ☐ Delete
 NAME **BOOKER, DOUGLAS D**
 STREET ADDRESS **2933 WEST FOURTH ST.**
 CITY-ST-ZIP **JACKSONVILLE FL 32254-2420**

TITLE **D** ☒ Delete
 NAME **VERVYNCK, TERRY W**
 STREET ADDRESS **1248 SUMMERFIELD CT**
 CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE **D** ☐ Delete
 NAME **MULLEN, DENNIS**
 STREET ADDRESS **2250 SANDY CT**
 CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE **D** ☐ Delete
 NAME **VANDERCAR, ALAN**
 STREET ADDRESS **2862 RUSSELL OAK DR**
 CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **V/D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
 NAME **KENT SMITH**
 STREET ADDRESS **1273 LEBLANC Rd.**
 CITY-ST-ZIP **Green Cove Springs FL 32043**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P/D** ☒ Change ☐ 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:

DOUGLAS D. BOOKER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/01
 Date

904 348 2958
 Daytime Phone #

CR2E037 (10/00)