

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

Mailing Address

FLEET RESERVE CLUB OF JACKSONVILLE
 5391 COLLINS ROAD
 JACKSONVILLE FL 32244

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

4. FEI Number

59-3051939

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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 **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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME	D SAULS, AUBREY P	<input type="checkbox"/> Delete
STREET ADDRESS	1761 PAPAYA DR. WEST	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE NAME	PD PHILLIPS, GEORGE M	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	4738 LAWNVIEW ST.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE NAME	STD BOOKER, DOUGLAS D	<input type="checkbox"/> Delete
STREET ADDRESS	2933 WEST FOURTH ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32254-2420	
TITLE NAME	D VERVYNCK, TERRY W	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1248 SUMMERFIELD CT	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE NAME	D MULLEN, DENNIS	<input type="checkbox"/> Delete
STREET ADDRESS	2250 SANDY CT	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE NAME	D VANDERCAR, ALAN	<input type="checkbox"/> Delete
STREET ADDRESS	2862 RUSSELL OAK DR	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	

TITLE NAME	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D KENT SMITH	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1273 LE BLANC Rd.	
CITY-ST-ZIP	Green Cove Springs FL 32043	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 3/19/01 904 348 2958
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)