

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90087 026 \*\*\*\*70.00

**DOCUMENT # N97000001875**

1. Entity Name

**NATURE COAST CHAPTER OF THE FLORIDA ASSOCIATION  
 OF MORTGAGE BROKERS, INC.**

Principal Place of Business

**1292 CEDAR CENTER DR  
 TALLAHASSEE FL 32301  
 US**

Mailing Address

**PO BOX 6477  
 TALLAHASSEE FL 32314-6477  
 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

**59-3440448**

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

**SMITH, KAREN J WORDELL  
 1292 CEDAR CENTER DRIVE  
 TALLAHASSEE FL 32301**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FULLER, JOHN A</b> <b>5618 QUEENER AVE</b> <b>NEW PORT RICHEY FL 34652</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MINCE, JOHN A</b> <b>11161 SPRING HILL DR</b> <b>SPRING HILL FL 34609</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LENNON, GORDON F</b> <b>7711 GRAND BOULEVARD</b> <b>PORT RICHEY FL 34668</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>EMSLIE, PETER J</b> <b>5618 QUEENER AVE</b> <b>PORT RICHEY FL 34668</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CREAMER, JEAN</b> <b>1300 N. U.S. HIGHWAY 41, STE G</b> <b>INVERNESS FL 34450</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BURKE, DENISE</b> <b>9030 FT ISLAND TRAIL SUITE 8B</b> <b>CRYSTAL RIVER FL 34429</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Yvonne Shepard</b> <b>1300 N US Hwy 41 suite G</b> <b>INVERNESS, FL 34450</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>John A. Mince</b> <b>5409 Slater Rd</b> <b>Spring Hill, FL 34608</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Jean Creamer</b> <b>6232 E. Joyce Ln</b> <b>INVERNESS, FL 34452</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Daniel Reynolds</b> <b>10415 Broad St</b> <b>Brooksville, FL 34601</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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:

*John A. Mince*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-4-02**

**352 686 7112**

CR2E037 (9/01)