

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

0007128

**DOCUMENT # N97000001875**

1. Entity Name

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



05-05-2003 90123 041 \*\*\*\*70.00

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**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D President</b>	<input type="checkbox"/> Delete
NAME	<b>SHEPARD, YVONNE</b>	
STREET ADDRESS	<b>1300 N US HWY 41 SUITE G</b>	
CITY-ST-ZIP	<b>INVERNESS FL 34450</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MINCE, JOHN A</b>	
STREET ADDRESS	<b>5409 SLATER ROAD</b>	
CITY-ST-ZIP	<b>SPRING HILL FL 34608</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LENNON, GORDON F</b>	
STREET ADDRESS	<b>7711 GRAND BOULEVARD</b>	
CITY-ST-ZIP	<b>PORT RICHEY FL 34668</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CREAMER, JEAN</b>	
STREET ADDRESS	<b>6232 E JOYCE LANE</b>	
CITY-ST-ZIP	<b>INVERNESS FL 34452</b>	
TITLE	<b>D Secretary</b>	<input type="checkbox"/> Delete
NAME	<b>REYNOLDS, DANIEL</b>	
STREET ADDRESS	<b>10415 BROAD STREET</b>	
CITY-ST-ZIP	<b>BROOKSVILLE FL 34601</b>	
TITLE	<b>LINDA ROSS</b>	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Lisa Lombardi</b>	
STREET ADDRESS	<b>P.O. Box 364</b>	
CITY-ST-ZIP	<b>Port Richey, FL 34673</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Lan Andrews</b>	
STREET ADDRESS	<b>1107 E. Silver Springs Blvd #8</b>	
CITY-ST-ZIP	<b>OCALA, FL 34470</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LINDA ROSS</b>	
STREET ADDRESS	<b>128 MANION OAKS Blvd, ste 103</b>	
CITY-ST-ZIP	<b>OCALA, FL 34473</b>	
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: YVONNE SHEPARD**

**4/27/03 352-637-7266**

CR2E037 (10/02)