

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**  
 04-19-2001 90101 010 \*\*\*\*61.25

**DOCUMENT # N97000003963**

1. Entity Name

**ASPIRE GROUP, INC.**

Principal Place of Business

Mailing Address

**3618 RED OAK CIRCLE WEST  
 ORANGE PARK FL 32073**

**3618 RED OAK CIRCLE WEST  
 ORANGE PARK FL 32073**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3476372**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**KYKER, GLENNA  
 3618 RED OAK CIRCLE WEST  
 ORANGE PARK FL 32073**

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 **PD** ☐ Delete  
 NAME **OWENS, ANDREW CAPT.**  
 STREET ADDRESS **127 GLEN COVE PLACE**  
 CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

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

TITLE **VD** ☒ Delete  
 NAME **BETHEA, LOU**  
 STREET ADDRESS **4173 HONEYSUCKLE CIRCLE**  
 CITY-ST-ZIP **MIDDLEBURG FL 32068**

TITLE **VD** ☐ Change ☒ Addition  
 NAME **BUD WORNETZ**  
 STREET ADDRESS **7901 BAY MEADOWS, STE. 21**  
 CITY-ST-ZIP **JACKSONVILLE, FL 32256**

TITLE **DS** ☒ Delete  
 NAME **GALLAMORE, MIKE**  
 STREET ADDRESS **HIGHWAY 16 WEST P.O. BOX 221**  
 CITY-ST-ZIP **RAIFORD FL 32083**

TITLE **S** ☐ Change ☒ Addition  
 NAME **Sharon BENNETT, SEC**  
 STREET ADDRESS **16551 VILLAGE GREEN DR. N.**  
 CITY-ST-ZIP **JACKSONVILLE, FL 32234**

TITLE **TD** ☐ Delete  
 NAME **BRAYTON, JERRY**  
 STREET ADDRESS **3618 RED OAK CIRCLE**  
 CITY-ST-ZIP **ORANGE PARK FL 32073**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ 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:

*Andrew Owens, Captain, 15N(Ret)*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)