

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90018 010 ****61.25

DOCUMENT # N97000007042

1. Entity Name

ASBURY ARMS NORTH, INC.

Principal Place of Business

Mailing Address

**1430 DIXON BOULEVARD
 COCOA FL 32922**

**1430 DIXON BOULEVARD
 COCOA FL 32922-6470**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3486188

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

C0028791



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DIVITO, JOSEPH A
 4514 CENTRAL AVENUE
 ST. PETERSBURG FL 33711**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAWKINS, BETTY L	NAME	
STREET ADDRESS	881 WEST PORT DR	STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL 32955	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATCHLEY, ROBERT W	NAME	
STREET ADDRESS	3 N HARDEE CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL 32955	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOOTH, WILLIAM L	NAME	
STREET ADDRESS	1301 TURNBERRY CT	STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL 32955-2532	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEAN, NANCY	NAME	
STREET ADDRESS	4420 HARTVILLE AVE	STREET ADDRESS	
CITY-ST-ZIP	COCOA FL 32926	CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRICK, SANDRA F	NAME	
STREET ADDRESS	2816 TULANE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	COCOA FL 32926	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL, CARL C.	NAME	
STREET ADDRESS	1495 ROCKLEDGE DR	STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL 32955-3719	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: SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E037 (9/99)

Attachment
C0028791
N97000007042

DP
Wadge Ivey
275 Eagle Lane
Merritt Island, Fl 32953

DVP
William R. Winner
1002 Barton Blvd.
Rockledge, Fl 32955

DVP
William H. Stephenson
2540 Fairfield Dr.
Cocoa, Fl 32926

DT
William Heslop
3507 Rocky Gap Place
Cocoa, Fl 32926

Leland W. Wooten
2167 Hedgerow Dr.
Merritt Island, Fl 32953

Floyd Perrin
104 Dudley Drive
Rockledge, FL 32955