

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State

0029301

DOCUMENT # N97000007042

03-22-2001 90009 014 ****61.25

1. Entity Name

ASBURY ARMS NORTH, INC.

Principal Place of Business

**1430 DIXON BOULEVARD
 COCOA FL 32922**

Mailing Address

**1430 DIXON BOULEVARD
 COCOA FL 32922**

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

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.

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 | D | <input checked="" type="checkbox"/> Delete |
| NAME | ATCHLEY, ROBERT W | |
| STREET ADDRESS | 3 N HARDEE CIRCLE | |
| CITY-ST-ZIP | ROCKLEDGE FL 32955 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | DEAN, NANCY | |
| STREET ADDRESS | 4420 HARTVILLE AVE | |
| CITY-ST-ZIP | COCOA FL 32926 | |
| TITLE | DS | <input type="checkbox"/> Delete |
| NAME | PATRICK, SANDRA F | |
| STREET ADDRESS | 2816 TULANE DRIVE | |
| CITY-ST-ZIP | COCOA FL 32926 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | RUSSELL, CARL C. | |
| STREET ADDRESS | 1495 ROCKLEDGE DR | |
| CITY-ST-ZIP | ROCKLEDGE FL 32955-3719 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | Langford, Thomas W. | |
| STREET ADDRESS | 3 N. Hardee Cr. | |
| CITY-ST-ZIP | Rockledge, FL 32955 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | King-Lyons, Debbie | |
| STREET ADDRESS | 811 S. Kentucky Ave. | |
| CITY-ST-ZIP | Rockledge, FL 32955 | |

| | | |
|----------------|---------------------------------|--|
| TITLE | P | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Ivey, Wade A. | |
| STREET ADDRESS | 275 Eagle Lane | |
| CITY-ST-ZIP | M.I., FL 32953 | |
| TITLE | VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Winner, William R. | |
| STREET ADDRESS | 1002 Barton Blvd. | |
| CITY-ST-ZIP | Rockledge, FL 32955 | |
| TITLE | P | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Heslop, William R. | |
| STREET ADDRESS | 3507 Rocky Gap Place | |
| CITY-ST-ZIP | Cocoa, FL 32926 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Perrin, Floyd | |
| STREET ADDRESS | 104 Dudley Dr. | |
| CITY-ST-ZIP | Rockledge, FL 32955 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Wooten, Leland W. | |
| STREET ADDRESS | 2167 Hedgerow Dr. | |
| CITY-ST-ZIP | M.I., FL 32953 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Russell, Carl C. | |
| STREET ADDRESS | 1493 Rockledge Dr. | |
| CITY-ST-ZIP | Rockledge, FL 32955-3719 | |

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: _____

Wade A. Ivey
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/01

Date

(321) 632-4943

Daytime Phone #

CR2E037 (10/00)

Attachment Doc# N97000007042

Asbury Arms North, Inc.
Board of Directors

0036537

D
Larrabee, Carl
2622 Horseshoe Ct.
Cocoa, FL 32926

X Addition