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

## DOCUMENT # N97000007042

1. Entity Name

**FILED** Feb 25, 2003 8:00 am § Secretary of State

02 25 2003 00126 023 \*\*\*\*61 25

ASBURY ARMS NORTH, INC.					02-	23-2003 30120	025 01	1.23	
Principal Place of Business 1430 DIXON BOULEVARD COCOA FL 32922		Mailing Address 1430 DIXON BOULEVARD COCOA FL 32922		10 10 10 10 10 10 10					
2. Principal	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<del></del> .	_				
City & City					☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number <b>59-3</b>	486188	— —	pplied For ot Applicable	
Zip	Country	Zip Country			5. Certificate of Status	\$8.75 Ad	ditional		
	6. Name and Address of Current I	Registered Agent			7. Name and Addres	s of New Registere	•	<del></del>	
DRATO	IOOEDIL A		<u>Na</u> me.						
DIVITO, JOSEPH A 4514 CENTRAL AVENUE			Street Address (P.O. Box Number is Not Acceptable)						
	ERSBURG FL 33711		···				i		
			City			F	Zip Cod	le	
8. The abov	e named entity submits this statement for	the purpose of changing its	registered office of	or registere	d agent, or both, in the	-		and accept	
the obliga	ations of registered agent,				•	•	·		
SIGNATURE								ĺ	
	Signature, typed or printed name of registered agent at	nd title if applicable. (NOTE:	Registered Agent signs	ature required w	when reinstating)	DATE		· · · ·	
	FILE NOW: FEE IS \$61.25					\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State			
10.	OFFICERS AND DIRI	CTORS	11.	A[	DDITIONS/CHANGES T	O OFFICERS AND [	DIRECTORS IN	110	
TITLE * NAME	P IVEY, WADE A	☐ Delete	TITLE		surer anne Sheff	iola	☐ Change	Addition	
STREET ADDRESS	275 EAGLE LANE		NAME STREET ADDRESS		Indian Ca				
CITY-ST-ZIP	MERRITT ISLAND FL 32953		CITY-ST-ZIP	Rock	ledge, Fl	32955		. [	
TITLE	DEAM MANCY	☐ Delete	TITLE	Dire		0.0.	☐ Change	Addition	
NAME STREET ADDRESS	DEAN, NANCY 4420 HARTVILLE AVE		NAME STREET ADDRESS		Dave McGa:			}	
CITY-ST-ZIP	COCOA FL 32926-	a control and and an artist of the artists of		1 = -	ledge, Fl				
TITLE	DS	☐ Delete	TITLE	Dire	ctor		☐ Change	Addition	
NAME STREET ADDRESS	PATRICK, SANDRA F 2816 TULANE DRIVE		NAME		C. Russell				
CITY-ST-ZIP	COCOA FL 32926		STREET ADDRESS CITY-ST-ZIP		Rockledge ledge, FL				
TITLE	D	Delete	TITLE		Vice President	_329 <u>55</u> dent	Change	Addition	
NAME	PERRIN, FLOYD		NAME	Will	iam R. Win	ner	change	Addition	
STREET ADDRESS CITY-ST-ZIP	104 DUDLEY DR		STREET ADDRESS		Barton Bl				
TITLE	ROCKLEDGE FL 32955	<b>2</b>	CITY-ST-ZIP		<u>ledge, Fl</u>	<u> 32955</u>			
NAME	LANGFORD, THOMAS W-	🔼 Delete	TITLE NAME	Dire	ctor nd W. Woot	on In	Change	X Addition	
STREET ADDRESS	3 N HARDEE CR		STREET ADDRESS	216º	nd w. woote Hedgerow	all, d <i>L</i> . Dr.			
CITY-ST-ZIP	ROCKLEDGE FL-92955-		CITY-ST-ZIP	M T	FI 3295	3			
TITLE	T	Delete	TITLE	Dire			Change	Addition	
NAME Street address	HESLOP, WILLIAM R		NAME	Carl	Larrabee		-		
CITY-ST-ZIP	COCOA FL 32326		STREET ADDRESS CITY-ST-ZIP		Horseshoe				
				$1 \cup 0 \subset 0$	a, Fl 3292	CO		1	

12. I hereby certify that the information supplied with this filling 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: \_

Jagnatidus bequired

321-632-4943



Asbury /rms North, Inc. Board of Directors (Con't.d)
Director
Harold L Wilson
16 Bonaventure Ct.
Rockledge, FL 32955