

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

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90348 017 *****61.25

DOCUMENT # N98000006081

1. Entity Name
THE NATIONAL CYBERAGENT ASSOCIATION, INC.



Principal Place of Business
**C/O DOUGLAS S. BELL
215 S. MONROE ST.
TALLAHASSEE FL 32301**

Mailing Address
**P.O. BOX 10096
TALLAHASSEE FL 32302-2096**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0960162**

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

**BELL, DOUGLAS S
PENNINGTON, MOORE, WILKINSON, BELL DUNBAR
215 S. MONROE ST., 2ND FLOOR
TALLAHASSEE FL 32301**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☒ Delete
NAME **SABER, ASIM**
STREET ADDRESS **2901 SW 149TH AVENUE STE 200**
CITY-ST-ZIP **MIRAMAR FL 33027**

TITLE **Kay Parker, Trustee** ☐ Change ☒ Addition
NAME **2901 SW 149th Ave, Ste 200**
STREET ADDRESS **Miramar FL 33027**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **REYNOLDS, KARLA**
STREET ADDRESS **2901 SW 149 AVE, STE 200**
CITY-ST-ZIP **MIRAMAR FL 33027**

TITLE **P, D** ☐ Change ☒ Addition
NAME **Paul Bennett**
STREET ADDRESS **2901 SW 149th Ave, Ste 200**
CITY-ST-ZIP **Miramar FL 33027**

TITLE **DS** ☐ Delete
NAME **GREIF, MICHAEL**
STREET ADDRESS **2901 SW 149TH AVENUE STE 200**
CITY-ST-ZIP **MIRAMAR FL 33027**

TITLE **D Laurie Parrish** ☐ Change ☒ Addition
NAME **15815 SW 97 Court**
STREET ADDRESS **Miami, FL 33157**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BOCEK, KATHLEEN**
STREET ADDRESS **2901 SW 149TH AVENUE STE 200**
CITY-ST-ZIP **MIRAMAR FL 33027**

TITLE **D Richard Weinstein** ☐ Change ☒ Addition
NAME **4928 Egret Court**
STREET ADDRESS **Coconut Creek, FL 33073**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **JOHNSON-MATZNER, BRENDA**
STREET ADDRESS **332 SW 22ND ST.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33315**

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

TITLE **D** ☒ Delete
NAME **DANIELS, STEFANIE**
STREET ADDRESS **3331 NW 177TH TER**
CITY-ST-ZIP **CAROL CITY FL 33056**

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:

Michael Greif **SIGNATURE REQUIRED** Secretary 1-20-03 954-392-2625

CR2E037 (10/02)