

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006657

1. Entity Name

THE NEXT STEP: NORTH AMERICAN PARTNERSHIP IN MIS

Principal Place of Business

6190 BALBOA STREET
PORT ST JOHN FL 32927

Mailing Address

6190 BALBOA STREET
PORT ST JOHN FL 32927-8838

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3544132

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, RICK
6190 BALBOA STREET
PORT ST JOHN FL 32927

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
LEWIS, RICHARD
2212 W VICKERSBURG ST
BROKEN ARROW OK 74011 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ED
SMITH, RICHARD
6190 BALBOA ST
PORT ST JOHN FL 32927 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CABD
ADEMAN, TOM
9051 133 AVE NE
KIRKLAND WA 98033 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MCD
LEGRANDE, LARRY
13607 DORNOCH DR
ORLANDO FL 32828 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TCD
HOKE, STEVE
1240 N LAKEVIEW., 120
ANAHEIM CA 92807 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ACD
DOUGHERTY, DAVE
10 W DRY CREEK CIR
LITTLETON CO 80120 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD SMITH

Date

Daytime Phone #

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90017 028 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)