## **2002 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 07, 2002 8:00 am Secretary of State DOCUMENT # **N99000006338** 1. Entity Name EAST CENTRAL FLORIDA CHAPTER OF NIGP, INC. 04-07-2002 90054 050 \*\*\*\*61.25 Principal Place of Business Mailing Address 109 E ORANGE AVE P.O. DRAWER 68 PO DRAWER 68 EUSTIS FL 32727 EUSTIS FL 32726 2. Principal Place of Business 3. Mailing Address 902 AIRPORT ROAD 902 AIRPORT Suite, Apt. #, etc. Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For MERRITT ISLAND, Merritt Island 59-3611992 Not Applicable Country \$8.75 Additional 32952 5. Certificate of Status Desired 32952 USA Fee Required -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LAMBERT Box Number is Not Acceptable WETHERINGTON, RUSS 109 E ORANGE AVE EUSTIS FL 32726 MERRITT 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 DEBRA LAMBERT 3-13-02 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 П Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE (9/01) ☐ Delete TITLE Addition ☐ Change LAMBERT, DEBRA 902 AIRPORT ROAD NAME IRVIN, CHARLES NAME STREET ADDRESS STREET ADDRESS 1101 E 1ST ST MERRITT ISLAND, FL 32952 CITY-ST-ZIP CITY-ST-ZIP SANFORD FL 32771 TITLE DVP ☐ Delete TITLE Addition ☐ Change NAME IODER, SUSAN NAME STREET ADDRESS 400 E SOUTH ST 2ND FLOOR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32801 TITLE Delete TITLE ☐ Change ☐ Addition NAME WETHERINGTON, RUSS NAME 109 E ORANGE AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP EUSTIS FL 32727 TITLE DS ☐ Delete TITLE Change Addition NAME ROMINE, LINDA STREET ADDRESS STREET ADDRESS 200 NORTH CLARA AVE CITY-ST-ZIP DELAND FL 32721 CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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