

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90033 020 ***150.00

DOCUMENT # P01000043398

1. Entity Name
BUSINESS DEVELOPMENT ASSOCIATES OF NORTH AMERICA, INC.

Principal Place of Business

**4012 NW 64TH PLACE
 GAINESVILLE FL 32653**

Mailing Address

**4012 NW 64TH PLACE
 GAINESVILLE FL 32653**

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

59-3720475

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LATHAM, WILLIAM C
 4012 NW 64TH PLACE
 GAINESVILLE FL 32653**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LATHAM, WILLIAM C	
STREET ADDRESS	4012 NW 64TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCGINNIS, DAN L	
STREET ADDRESS	4611 NE 14TH STREET	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRIVAT, MICHAEL P	
STREET ADDRESS	4440 SW ARCHER RD #1528	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOLDER, GEOFFREY T	
STREET ADDRESS	474 LONGMEADOW LANE	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LATHAM, KATHRYN S	
STREET ADDRESS	4012 NW 64TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHESTER, TERRY	
STREET ADDRESS	2630 NW 41ST ST STE C-3	
CITY-ST-ZIP	GAINESVILLE FL 32606	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLINTON F. MIMS, JR	
STREET ADDRESS	P.O. Box 91	
CITY-ST-ZIP	EAST LAKE WEIR, FL 32133	
TITLE	P/M/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM C. LATHAM	
STREET ADDRESS	4012 NW 64TH PLACE	
CITY-ST-ZIP	GAINESVILLE, FL 32653	
TITLE	T/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAN L. MCGINNIS	
STREET ADDRESS	4611 NE 14TH STREET	
CITY-ST-ZIP	OCALA, FL 34471	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **W.C. LATHAM**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/02 352-373-4140

CR2E034 (9/01)