

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 02, 2002 8:00 am**  
**Secretary of State**

09-02-2002 90149 026 \*\*\*550.00

**DOCUMENT # P01000101700**

1. Entity Name  
**NAEBA REFERRAL SERVICE CORPORATION**

Principal Place of Business

P.O. BOX 2131  
 VERO BEACH FL 32961

Mailing Address

P.O. BOX 2131  
 VERO BEACH FL 32961



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**407 Wekiva Springs Rd**

Suite, Apt. #, etc.  
**Suite 241**

City & State  
**LONGWOOD FL**

Zip  
**32779**

Country

3. Mailing Address

**407 Wekiva Springs Rd**

Suite, Apt. #, etc.  
**Suite 241**

City & State  
**LONGWOOD FL**

Zip  
**32779**

Country

4. FEI Number

**59-3750067**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**ASSOCIATION MANAGEMENT NETWORK, INC.**

~~320 W. SABAL PALM PLACE, STE 150~~

**LONGWOOD FL 32779**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**407 Wekiva Springs Rd #241**

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

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 **President**  Delete  
 NAME **Kel E. LaBranche**  
 STREET ADDRESS **P.O. Box 2131**  
 CITY-ST-ZIP **VERO BEACH FL 32961**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 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

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-2-02**

**772-564-6300**

Date

Daytime Phone #

CR2E034 (4/02)