

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000055022

1. Entity Name

NATIONAL ASSOCIATION OF FEDERAL/POSTAL EMPLOYEES

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90055 049 ***150.00

Principal Place of Business

1657 YACHTSMAN'S COURT
AMELIA ISLAND FL 32034-5553

Mailing Address

1890 South 14th Street
1657 YACHTSMAN'S COURT Suite 130
AMELIA ISLAND FL 32034-5553 4772

2. Principal Place of Business

1890 South 14th Street

3. Mailing Address

1890

Suite, Apt. #, etc.

Suite Apt. #, etc.

Suite 130

130

City & State

City & State

Amelia Island FL

Amelia Island, FL

Zip

Country

Zip

Country

32034

USA

32034

USA

6. Name and Address of Current Registered Agent

MCLEOD, KENNETH W.
1657 YACHTSMAN'S COURT
AMELIA ISLAND FL 32034-5553

A/c only

7. Name and Address of New Registered Agent

Name

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

1890 South 14th Street

Suite 130

City

Amelia Island

FL

Zip Code 32034

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:  Kenneth Wayne McLeod, Corp. President

Signature and printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/17/00

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, 2000 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	P	<input checked="" type="checkbox"/> Delete
NAME	MCLEOD, KENNETH W.	
STREET ADDRESS	1657 YACHTSMAN'S COURT	
CITY-ST-ZIP	AMELIA ISLAND FL 32034	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1890 South 14th Street	
STREET ADDRESS	Suite 130 Amelia Island, FL	
CITY-ST-ZIP	32034	
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		
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:

 Kenneth Wayne McLeod, Corp. President

4/17/00

904-277-0029

CR2E034 (9/99)