

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000001682

1. Entity Name

THE NATIONAL ASSOCIATION FOR THE CRANIOFACIALLY

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90092 020 \*\*\*\*61.25

Principal Place of Business

Mailing Address

744 MCCALLIE AVE., SUITE 433  
 CHATTANOOGA TN 37403

P. O. BOX 11082  
 CHATTANOOGA TN 37401-2082  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7069285

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATE, PEGGY  
 DIANA DRIVE  
 RT 5 BOX 266-B  
 LAKE CITY FL 32024

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **D**  
 STREET ADDRESS **BEST, THILO H**  
 CITY-ST-ZIP **1220 SUNSET DR**  
**SIGNAL MOUNTAIN TN 37377**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **CD**  
 STREET ADDRESS **KENT, JONATHAN F**  
 CITY-ST-ZIP **832 GEORGIA AVE**  
**CHATTANOOGA TN 37402**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **CD**  
 STREET ADDRESS **HAYS, ROBIN**  
 CITY-ST-ZIP **825 OLD DALLAS RD**  
**CHATTANOOGA TN 37405**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME **PRESIDENT**  
 STREET ADDRESS **LYNNE MAYFIELD**  
 CITY-ST-ZIP **7129 SARATOGA LANE**  
**CHATTANOOGA, TN 37421**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Lynne Mayfield* **LYNNE MAYFIELD**

4/17/00

423-266-1632

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)