

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90183 013 \*\*\*\*61.25

**DOCUMENT # 701874**

1. Entity Name

**FLORIDA COSMETOLOGY ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

1311 N. WESTSHORE BLVD. SUITE 114  
 TAMPA FL 33607

1311 N. WESTSHORE BLVD. SUITE 114  
 TAMPA FL 33607-4611

00020588



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

7755 New Tampa Hwy  
 Suite, Apt. #, etc.

7755 New Tampa Hwy  
 Suite, Apt. #, etc.

City & State  
 Lakeland, FL

City & State  
 Lakeland FL

4. FEI Number  
 59-1003667

Applied For  
 Not Applicable

Zip  
 33815

Country  
 POLK

Zip  
 33815

Country  
 POLK

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCDONALD, EDWARD**  
**7755 NEW TAMPA HWY**  
**LAKELAND FL 33815**

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	P	<input type="checkbox"/> Delete
NAME	POOLE, BONNIE A	
STREET ADDRESS	4492 HARBOUR CT N.	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BLAIKIE, MARK A	
STREET ADDRESS	1800 EMBASSY DR #123	
CITY-ST-ZIP	W. PALM BCH FL 33401	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCDONALD, EDWARD	
STREET ADDRESS	7755 NEW TAMPA HWY	
CITY-ST-ZIP	LAKELAND FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	PANOCH, NANCY	
STREET ADDRESS	3420 MAGNOLIA WAY	
CITY-ST-ZIP	PUNTA GARDEN FL 33950	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLAY, JERRY L	
STREET ADDRESS	4466 GANYARD ST	
CITY-ST-ZIP	PORT CHARLTTE FL 33980	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CORONA, B J	
STREET ADDRESS	7124 FLAGGLER DR	
CITY-ST-ZIP	PORT RICHEY FL 34668	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ralph L Reed	
STREET ADDRESS	381 West Winds	
CITY-ST-ZIP	Palm Harbor, FL 34683	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brian Johnson	
STREET ADDRESS	447 MacArther Dr	
CITY-ST-ZIP	Port Charlotte FL 33952	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bobbie Hall	
STREET ADDRESS	314 E. Park St	
CITY-ST-ZIP	Auburndale FL 33823	

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:

*Edna M. Beaubien*  
 Edna M. Beaubien  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/00 803-682-8716  
 Date Daytime Phone #

CR2E037 (9/99)