FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # 707025 1. Entity Name					Jan 27, 2001 8:00 am Secretary of State			
THE FL	ORIDA STATE DEMOLAY ASS	SOCIATION, INC.				01-27-2001 9006		
Principal Plac	ce of Business	Mailing Address						
6390 US 19 NORTH PINELLAS PARK FL 33781 US		6390 US 19 NORTH PINELLAS PARK FL 33781 US			906024			
2. Principal P	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Numbe	59-1271058		oplied For	
Zip	Country	Zip	Country		5. Certificate	of Status Desired	\$8.75 Add	litional
ag Carrer .	6. Name and Address of Current F	Registered Agent]		7. Name and	Address of New Register	,	
				Name (J)	Gordon	WARdel	<i></i>	
LOSNER, STEVEN D 65 NW 16 ST. HOMESTEAD FL 33030				Street Address	SP.O. Box Numbe	r is Not Acceptable)		
			1	City PINE	ellas f	BYK F	FL 갤ớ	781
SIGNATURE .	Signature, typeo or printed name of registered agent at FILE NOW: FEE IS \$61.25	9. Election Campaign F Trust Fund Contribut	inancin	· _ ~~.	.00 May Be	Make Chec	R- 0 TE ck Payable to ent of State	
10.	OFFICERS AND DIR	ECTORS	11.		ADDITIONS/CHA	ANGES TO OFFICERS AND	DIRECTORS IN	10
TITLE	P	☐ Delete	TITLE				Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	MARTI, WILLIAM A 5509 VANBUREN STREET HOLLYWOOD FL 33021			T ADDRESS ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILSON, WILLIAM R 2315 GREENBRIER DRIVE DELRAY BEACH FL 33445	☐ Delete		, T'ADDRESS ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Wardell, W. Gordon 6390 US 19 North Pinellas Park Fl 33781	LL, W. GORDON S 19 NORTH		T ADDRESS ST-ZIP	· · · ·	r "Greger	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNT, G LAWRENCE 1814 B LANDING DRIVE SANFORD FL 32771	☐ Delete		T ADDRESS ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLENDINNING, RUSSELL B 2915 BUCIDA DRIVE SANFORD FL 34232	☐ Delete		T ADDRESS ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COUTURE, JACQUE A 5318 ANDREA BOULEVARD ORLANDO FL 32807	☐ Delete		T ADDRESS ST-ZIP			☐ Change	Addition
indicated of the cor	certify that the information supplied with to on this report or supplemental report is to poration or the receiver or trustee empowers or on an attachment with an addiress, we	true and accurate and that my wered to execute this report as	he exen signatus require	nption stated in S ure shall have the ed by Chapter 61	Section 119.07(3)(i) e same legal effect 17, Florida Statutes), Florida Statutes. I further as if made under oath; tha s; and that my name appea	certify that the in it I am an officer irs in Block 10 or	formation or director Block 11 if