

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 716652

1. Entity Name

MAIN BOULEVARD ASSOCIATION, INC. ✓

**FILED**  
**Jul 17, 2000 8:00 am**  
**Secretary of State**

07-17-2000 90014 015 \*\*\*\*61.25

Principal Place of Business

230 SOUTH BLVD  
HIGH POINT III  
BOYNTON BEACH FLA 33435

Mailing Address

230 SOUTH BLVD  
HIGH POINT III  
BOYNTON BEACH FLA 33435

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

59-1378501

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

SMITH, NED E  
345 C. MAIN BLVD  
BOYNTON BEACH FL 33435

7. Name and Address of New Registered Agent

Name PATRICIA McMECHAN

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

275 D. South Blvd

City Boynton Beach

FL

Zip Code 33435

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

Patricia McMechan President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

July 10, 2000

DATE

**FILE NOW: FEE IS \$61.25**  
**After September 13, 2000 min. will be \$236.25**

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOJAN, HARRY	
STREET ADDRESS	265 B SOUTH BLVD	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	CORSCADDEN, MARIE	
STREET ADDRESS	430 N BLVD PA	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCMECHEN, PATRICIA	
STREET ADDRESS	275 D. SOUTH BLVD	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MORENO, BETTY	
STREET ADDRESS	440-C NORTH BLVD	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCMECHEN, RICHARD	
STREET ADDRESS	275 D. SOUTH BLVD	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	AP	<input type="checkbox"/> Delete
NAME	SMITH, BETTY ANNE	
STREET ADDRESS	345-C MAIN BLVD	
CITY-ST-ZIP	BOYNTON BEACH FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alan Corscadden	
STREET ADDRESS	430 North Blvd Apt. D	
CITY-ST-ZIP	Boynton Beach FL 33435	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ned Smith	
STREET ADDRESS	345 C. Main Blvd,	
CITY-ST-ZIP	Boynton Beach FL 33435	
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		

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:

Patricia McMechan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 10, 2000

Date

(561)  
369-1157

Daytime Phone #

CR2E037 (5/00)