

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 716652

1. Entity Name

MAIN BOULEVARD ASSOCIATION, INC.

FILED
Aug 29, 2001 8:00 am
Secretary of State

08-29-2001 90018 011 ****61.25

0010255

Principal Place of Business

230 SOUTH BLVD
HIGH POINT III
BOYNTON BEACH FL 33435

Mailing Address

230 SOUTH BLVD
HIGH POINT III
BOYNTON BEACH FL 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

6. Name and Address of Current Registered Agent

MCMECHEN, PATRICIA
275 D SOUTH BLVD
BOYNTON BEACH FL 33435

7. Name and Address of New Registered Agent

Name ORMSBY, JEAN
Street Address (P.O. Box Number is Not Acceptable)
455 -D NORTH BLVD
BOYNTON BEACH, FL 33435
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

Jean Ormsby - JEAN ORMSBY - PRESIDENT
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

8-15-01
DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, 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	NAME	CORSCADDEN, ALAN	STREET ADDRESS	430 NORTH BLVD APT. D	CITY-ST-ZIP	BOYNTON BEACH FL 33435	<input checked="" type="checkbox"/> Delete
TITLE	S	NAME	CORSCADDEN, MARIE	STREET ADDRESS	430 N BLVD PA	CITY-ST-ZIP	BOYNTON BEACH FL	<input type="checkbox"/> Delete
TITLE	D	NAME	SMITH, NED	STREET ADDRESS	345 C MAIN BLVD	CITY-ST-ZIP	BOYNTON BEACH FL 33435	<input checked="" type="checkbox"/> Delete
TITLE	TD	NAME	MORENO, BETTY	STREET ADDRESS	440-C NORTH BLVD	CITY-ST-ZIP	BOYNTON BEACH FL	<input type="checkbox"/> Delete
TITLE	VD	NAME	MCMECHEN, RICHARD	STREET ADDRESS	275 D. SOUTH BLVD	CITY-ST-ZIP	BOYNTON BEACH FL 33435	<input type="checkbox"/> Delete
TITLE	AP	NAME	SMITH, BETTY ANNE	STREET ADDRESS	345-C MAIN BLVD	CITY-ST-ZIP	BOYNTON BEACH FL	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V	NAME	JOYCE, ELIZABETH	STREET ADDRESS	455-A' NORTH BLVD	CITY-ST-ZIP	BOYNTON BEACH, FL 33435	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	NAME	WILLIAMSON, JANE	STREET ADDRESS	455-C NORTH BLVD	CITY-ST-ZIP	BOYNTON BEACH, FL 33435	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S	NAME	CORSCADDEN, MARIE	STREET ADDRESS	430 -D NORTH BLVD	CITY-ST-ZIP	BOYNTON, BEACH, FL 33435	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T	NAME	MORENO, BETTY	STREET ADDRESS	440-C NORTH BLVD	CITY-ST-ZIP	BOYNTON BEACH FL 33435	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	A.S.	NAME	MCMECHEN, RICHARD	STREET ADDRESS	275-D SOUTH BLVD	CITY-ST-ZIP	BOYNTON BEACH FL 33435	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	NAME	MCMECHEN, PATRICIA	STREET ADDRESS	275 D SOUTH BLVD	CITY-ST-ZIP	BOYNTON BEACH FL 33435	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Peter D. Moreno* Treasurer 8-15-01 56-369-5521

CR2E037 (5/01)