

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 720638

1. Entity Name

MAINLANDS SECTION THREE ASSOCIATION, INC.

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90027 027 ****61.25

Principal Place of Business 4300 N W 46TH ST TAMARAC FL 33319	Mailing Address 4300 N W 46TH ST TAMARAC FL 33319-3832
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-1444564	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MANNIA, FAYLYN 4300 NW 46TH ST TAMARAC FL 33319	7. Name and Address of New Registered Agent Name Steinbach, Donald Street Address (P.O. Box Number is Not Acceptable) 4401 N W 44th Avenue City Tamarac FL Zip Code 33319
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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 *Donald S Steinbach, President* DATE 3/2/00

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANNIA, FAYLYN 4400 NW 45 COURT TAMARAC FL 33319 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Steinbach, Donald 4401 N W 44th Avenue Tamarac, FL 33319 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WOJCIK, SOPHIA 4409 NW 45 COURT TAMARAC FL 33319 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Irwin, Renata 4517 N W 45th Court Tamarac, FL 33319 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEINBACH, DONALD 4401 NW 44 AVE TAMARAC FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Harris, Carroll 4600 N W 45th Court Tamarac, FL 33319 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SWEITZER, LILLIAN 4407 N.W. 45TH COURT TAMARAC FL 33319 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD King, Beverly 4506 N W 45 Court Tamarac, FL 33319 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WATSON, ANNA MARIE 4404 NW 45 COURT TAMARAC FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOEHM, ROBERT J 4406 N.W.44 AVE. TAMARAC FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *Donald S Steinbach, President* DATE 3/2/00 DAYTIME PHONE # 454-735-3974

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR