

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90059 015 ****61.25

DOCUMENT # 723823
 1. Entity Name
SPANISH MAIN ASSOCIATION, INC.

Principal Place of Business Mailing Address
 25 SUNFLOWER ST 25 SUNFLOWER ST
 COCOA BEACH FL 32931-8262 COCOA BEACH FL 32931-8262

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 #701

City & State City & State
 Cocoa Beach FL

Zip Country Zip Country
 32931 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 59-1647414 Not Applicable

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

6. Name and Address of Current Registered Agent
 DAVIS, PETER *PETEY*
 1980 N ATLANTIC AVE
 SUITE 701
 COCOA BCH FL 32931

7. Name and Address of New Registered Agent
 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 _____ DATE _____
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. **\$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 NAME	PD MURPHY, PETER	<input type="checkbox"/> Delete
STREET ADDRESS	227 CHERRY DOWN LN	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE NAME	D NAVARRO, SAM	<input type="checkbox"/> Delete
STREET ADDRESS	5110 S MOBILE	
CITY-ST-ZIP	CHICAGO IL 60638	
TITLE NAME	SD UNKEL, TED	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1 SUNFLOWER, #12	
CITY-ST-ZIP	COCOA BCH., FL 32931	
TITLE NAME	V UNKEL, TED	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1 SUNFLOWER #12	
CITY-ST-ZIP	COCOA BCH FL 32931	
TITLE NAME	ST FANNING, JOE	<input type="checkbox"/> Delete
STREET ADDRESS	1 SUNFLOWER ST #12	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE NAME	D KILBURN, DAVE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3119 NEW JERSEY RD	
CITY-ST-ZIP	LAKELAND FL 33803	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	<i>DVP JERRY SIMPSON</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<i>35 Sunflower St #57</i>	
CITY-ST-ZIP	<i>Cocoa Beach, FL 32931</i>	
TITLE NAME	<i>DS Christopher Blades</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	<i>DT</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Signature]* 1-6-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)