

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90371 010 ****61.25

DOCUMENT # 769080

1. Entity Name

EXECUTIVE MANAGERS ASSOCIATION, INC. IN THE STAT

B0015591

Principal Place of Business 4748 S. OCEAN BLVD. APT 101 HIGHLAND BEACH FL 33487 US	Mailing Address 4748 S. OCEAN BLVD. APT 101 HIGHLAND BEACH FL 33487-5307 US
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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-2495382

Applied For
Not Required

Zip Country

Zip Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAGUARDIA, JOANNE
4748 S. OCEAN BLVD. #101
HIGHLAND BEACH FL 33487

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

Joanne La Guardia **JOANNE LA GUARDIA Treas. 2/2/00**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	P	<input type="checkbox"/> Delete
NAME	GALIANO, FRANK J	
STREET ADDRESS	4750 S. OCEAN BLVD	
CITY-ST-ZIP	HIGHLAND BCH FL 33487	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LEOPARD, LINDA	
STREET ADDRESS	20100 BOCA WEST DR	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	PERNELL, SUSAN	
STREET ADDRESS	300 S. OCEAN BLVD	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	T	<input type="checkbox"/> Delete
NAME	LA GUARDIA, JO ANNE	
STREET ADDRESS	4748 S. OCEAN BLVD	
CITY-ST-ZIP	HIGHLAND BCH FL 33487	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARKER, BILLY	
STREET ADDRESS	550 S. OCEAN BLVD	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LANTE, JIM	
STREET ADDRESS	2000 S. OCEANBLVD	
CITY-ST-ZIP	BOCA RATON FL 33432	

TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	GAGLIANO, FRANK J	
STREET ADDRESS	4750 S. OCEAN BLVD	
CITY-ST-ZIP	HIGHLAND Bch, FL 33487	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	LINDA LEOPARD THOMPSON	
STREET ADDRESS	20100 BOCA WEST DR	
CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE	ROBERT CASE, DIR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	3855 NW 67th St.	
STREET ADDRESS	COCONUT CREEK, FL 33073	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	Billy PARKER, Pres.	
STREET ADDRESS	550 S. Ocean Blvd	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	JOHN NESBITT, V.P.	
STREET ADDRESS	50 EAST Rd	
CITY-ST-ZIP	DeLray Bch, FL 33483	

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joanne La Guardia
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/2000 501-391-78
 Date Daytime Phone #