

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2003 8:00 am**  
**Secretary of State**

02-04-2003 90131 022 \*\*\*\*61.25



**DOCUMENT # N01000005173**  
1. Entity Name  
**JASMINE MASTER ASSOCIATION, INC.**

Principal Place of Business      Mailing Address  
**5655 SW EVANS DR**      **PO BOX 329**  
**STUART FL 34997**      **STUART FL 34995**

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State  
Zip      Country      Zip      Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **APPLIED FOR**      Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**  
**MACKAY, DAVID L**  
**2801 SOUTHWEST COLLEGE ROAD**  
**SUITE 1**  
**OCALA FL 34474**

**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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS |                                      | <input type="checkbox"/> Delete |
|----------------------------|--------------------------------------|---------------------------------|
| TITLE                      | <b>D</b>                             | <input type="checkbox"/> Delete |
| NAME                       | <b>TONA, FRANK J</b>                 |                                 |
| STREET ADDRESS             | <b>6240 SOUTHWEST STATE ROAD 200</b> |                                 |
| CITY-ST-ZIP                | <b>OCALA FL 34477</b>                |                                 |
| TITLE                      | <b>D</b>                             | <input type="checkbox"/> Delete |
| NAME                       | <b>FARINA, AL</b>                    |                                 |
| STREET ADDRESS             | <b>3551 SE SEAPOINT CT</b>           |                                 |
| CITY-ST-ZIP                | <b>STUART FL 34997</b>               |                                 |
| TITLE                      | <b>D</b>                             | <input type="checkbox"/> Delete |
| NAME                       | <b>FARINA, MIKE</b>                  |                                 |
| STREET ADDRESS             | <b>FIVE COLD HILL ROAD #3</b>        |                                 |
| CITY-ST-ZIP                | <b>MENDHAM NJ 07945</b>              |                                 |
| TITLE                      |                                      | <input type="checkbox"/> Delete |
| NAME                       |                                      |                                 |
| STREET ADDRESS             |                                      |                                 |
| CITY-ST-ZIP                |                                      |                                 |
| TITLE                      |                                      | <input type="checkbox"/> Delete |
| NAME                       |                                      |                                 |
| STREET ADDRESS             |                                      |                                 |
| CITY-ST-ZIP                |                                      |                                 |
| TITLE                      |                                      | <input type="checkbox"/> Delete |
| NAME                       |                                      |                                 |
| STREET ADDRESS             |                                      |                                 |
| CITY-ST-ZIP                |                                      |                                 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|---|--|---------------------------------|-----------------------------------|
| 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   |  |                                 |                                   |
| 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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/03 772  
219-3417

CR2E037 (10/02)