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

FILED Mar 03, 2003 8:00 am Secretary of State

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1. Entity Nam	JMENT # NO2000 MMOCK ASSOCIATION, INC.				02-10-2003 9018	7 043 ****61.25	
Principal Place of Business 4620 S ATLANTIC AVE PONCE INLET FL 32127		Mailing Address 4620 S ATLANTIC AVE PONCE INLET FL 32127		· ·			
2. Principal F	Place of Business	3. Mailing Address					
Suite, Apt.	i. #. etc.	Suite, Apt. #, etc.			HECK HERE IF MAKING C	HANGES	
City & Stat	ate	City & State		4. FEJ Number	346,235	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Stat		8.75 Additional se Required	
	6. Name and Address of Current	t Registered Agent	Name	7. Name and Addre	ess of New Registered Age		
TREADWAY, FRED 4620 S ATLANTIC AVE				Street Address (P.O. Box Number is Not Acceptable)			
Minus i	INLET FL 32127		City		FL Zip Code		
SIGNATURE	Signature, typed or printed name of registered agent	t and bile if applicable. (NOTE:	Registered Agent signature require	red when reinstating)	DATE		
İ	FILE NOW: FEE IS \$61.25	9. Election Camp Trust Fund Co		\$5.00 May Be Added to Fees	Make Check P Florida Departme		
10.	OFFICERS AND DI	Trust Fund Co		Added to Fees		ent of State	
	D FRIEDMAN, RICHARD A 4620 S ATLANTIC AVE PONCE INLET FL 32127	Trust Fund Co	ontribution.	Added to Fees	Florida Departme	ent of State	
10. TITLE NAME STREET ADDRESS	D FRIEDMAN, RICHARD A 4620 S ATLANTIC AVE PONCE INLET FL 32127 D /// LOCA THEADWAY, FRED 4620 S ATLANTIC AVE PONCE INLET FL 32127	Trust Fund Co	11. ITILE NAME STREET ADDRESS	Added to Fees	Fiorida Departme	ent of State	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIE D FRIEDMAN, RICHARD A 4620 S ATLANTIC AVE PONCE INLET FL 32127 D JON LOUGO THEADWAY, FRED 4620 S ATLANTIC AVE PONCE INLET FL 32127 D J J P T LOUGO THEADWAY CALLEA, CHARLES 4620 S ATLANTIC AVE PONCE INLET FL 32127	Trust Fund Cou	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Added to Fees	Fiorida Departme	ent of State	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	D FRIEDMAN, RICHARD A 4620 S ATLANTIC AVE PONCE INLET FL 32127 D ///LOCA-A TREADWAY, FRED 4620 S ATLANTIC AVE PONCE INLET FL 32127 D / U P / / / / / / / / / / / / / / / / /	Trust Fund Con IRECTORS Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Added to Fees	Fiorida Departme	ent of State CTORS IN 10 Change	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	D FRIEDMAN, RICHARD A 4620 S ATLANTIC AVE PONCE INLET FL 32127 D JON LOUGH THEADWAY, FRED 4620 S ATLANTIC AVE PONCE INLET-FL 32127 D/UP/TALAGAR CALLEA, CHARLES 4620 S ATLANTIC AVE PONCE INLET-FL 32127 DIRECTOR DOUG CIRKS +620 S. ATLANTIC	Trust Fund Con IRECTORS Delete Delete	T11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	Added to Fees	Fiorida Departme	ent of State CTORS IN 10 Change	

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 all address, with all other like expresses.

SIGNATURE:

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