

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34610

1. Entity Name

THE RESERVE MAINTENANCE ASSOCIATION, INC.

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90014 003 ****61.25

Principal Place of Business C/O THE CONTINENTAL GROUP 1067 SHOTGUN ROAD FORT LAUDERDALE FL 33326	Mailing Address C/O THE CONTINENTAL GROUP 1067 SHOTGUN ROAD FORT LAUDERDALE FL 33326-1906
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DO NOT WRITE IN THIS SPACE

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

4. FEI Number 65-0164802	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EDWARD KREILING
C/O ROSEN, ROSEN & KREILING
1625 N. COMMERCE PARKWAY
FORT LAUDERDALE FL 33326

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 Edward Kreiling 2/8/2000
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

TITLE PD	<input type="checkbox"/> Delete
NAME ALLEN, RICK	
STREET ADDRESS 3029 BIRKDALE	
CITY-ST-ZIP FT. LAUDERDALE FL	
TITLE TD	<input type="checkbox"/> Delete
NAME BLAUNT, MEL	
STREET ADDRESS 3040 BIRKDALE	
CITY-ST-ZIP FT. LAUDERDALE FL	
TITLE SD	<input type="checkbox"/> Delete
NAME MANELLA, ROSE	
STREET ADDRESS 2982 E MARION	
CITY-ST-ZIP FT. LAUDERDALE FL	
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

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)(l), 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: Rick Allen Pres. 2/14/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)