

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 23, 2000 8:00 am**  
**Secretary of State**

02-23-2000 90009 036 \*\*\*\*61.25

**DOCUMENT # N49579**

1. Entity Name

**METROPOLITAN BUSINESS ASSOCIATION INC.**

Principal Place of Business

Mailing Address

PO BOX 536981  
 ORLANDO FL 32853-698  
 US

PO BOX 536981  
 ORLANDO FL 32853-6981  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3518878**  
~~NOT APPLICABLE~~

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARBER, ELLIOTT**  
**639 ROMONA LN**  
**ORLANDO FL 32805**

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

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  Delete  
 NAME **VPD CHADMAN, MARTHA**  
 STREET ADDRESS **823 IRMA AVENUE**  
 CITY-ST-ZIP **ORLANDO FL 32803**

Change  Addition  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **TD GEBHARDT, M WAYNE**  
 STREET ADDRESS **401 NIBLUCK AVE #5**  
 CITY-ST-ZIP **ORLANDO FL**

Change  Addition  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **PD SIMMONS, DEBBIE**  
 STREET ADDRESS **1308 LANE AVE**  
 CITY-ST-ZIP **ORLANDO FL**

Change  Addition  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **SD JOHNSON, CARL**  
 STREET ADDRESS **707 E WASHINGTON ST**  
 CITY-ST-ZIP **ORLANDO FL 32801**

Change  Addition  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition  
 TITLE  
 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:

*[Handwritten Signature]*  
**REQUIRE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE