

2000 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
Apr 20, 2000 8:00 am
Secretary of State

03-16-2000 90082 026 ****61.25

DOCUMENT # N92000000957

1. Entity Name

MAINLANDS MASTER ASSOCIATION, INC.

Principal Place of Business

10161 - 49TH STREET NORTH
 PINELLAS PARK FL 34666

Mailing Address

10161 - 49TH STREET NORTH
 PINELLAS PARK FL 33782-3436

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3160435**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BRUDNY, MICHAEL J.
4830 W. KENNEDY BLVD., SUITE 985
ONE URBAN CENTRE
TAMPA FL 33609

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TD	PEIL, GLEN	9823-38TH WAY	PINELLAS PARK FL	<input type="checkbox"/>
SD	BREEDEN, LES	10041 40TH ST	PINELLAS PARK FL 34666	<input type="checkbox"/>
VD	DEBE, GORDON	9220 40TH ST	PINELLAS PARK FL	<input type="checkbox"/>
P	DUGFIELD, CLYDE (SKIP)	9673 MAINLANDS BLVD. WEST	PINELLAS PARK FL 34666	<input type="checkbox"/>
VD	ELLER, CONNIE	9639 41ST ST	PINELLAS PARK FL 34666	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
VPD	BREEDEN, LES	10041 40th St	PINELLAS PARK FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	DEBE, GORDON	9220 40th St		<input checked="" type="checkbox"/>	<input type="checkbox"/>
	DUFFIELD			<input type="checkbox"/>	<input type="checkbox"/>
VPD	ARREU, JOE	10101 44th Way	PINELLAS PARK, FL 34682	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Clyde Duffield
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-2000 Pres 546-2130
 Date Daytime Phone #

CR2F037 (9/98)