

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90036 048 ****61.25

DOCUMENT # N92000000957

1. Entity Name

MAINLANDS MASTER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

10161 - 49TH STREET NORTH
 PINELLAS PARK FL 34666

10161 - 49TH STREET NORTH
 PINELLAS PARK FL 34666

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3160435

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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	T	<input checked="" type="checkbox"/> Delete
NAME	PEIL, GLEN	
STREET ADDRESS	9823-36TH WAY	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	BREEDEN, LES	
STREET ADDRESS	10041 40TH ST	
CITY-ST-ZIP	PINELLAS PARK FL 34666	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DEBE, GORDON	
STREET ADDRESS	9220 40TH ST	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	DUGFIELD, CLYDE (SKIP)	
STREET ADDRESS	9673 MAINLANDS BLVD. WEST	
CITY-ST-ZIP	PINELLAS PARK FL 34666	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ELLER, CONNIE	
STREET ADDRESS	9639 41ST ST	
CITY-ST-ZIP	PINELLAS PARK FL 34666	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TREAS / D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Greenstein, Jack	
STREET ADDRESS	3597 100th Ter. N.	
CITY-ST-ZIP	Pinellas Park, FL 33782	
TITLE	Sec / D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McFadden, David	
STREET ADDRESS	9120 38th Circle N.	
CITY-ST-ZIP	Pinellas Park, FL 33782	
TITLE	VP / D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Breeden, Les	
STREET ADDRESS	10041 40th Street N.	
CITY-ST-ZIP	Pinellas Park, FL 33782	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	2nd Vice Pres / D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Abreu, Joe	
STREET ADDRESS	10101 44th Way N	
CITY-ST-ZIP	Pinellas Park, FL 33782	
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 REQUIRED

Jack Greenstein

2/16/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

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