

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2002 8:00 am**  
**Secretary of State**

**DOCUMENT # N98000003262**

1. Entity Name

**MLOP ASSOCIATION, INC.**

04-28-2002 90765 001 \*\*\*\*30.63  
 04-28-2002 90765 002 \*\*\*\*30.62

Principal Place of Business

Mailing Address

**4315 PABLO OAKS COURT, STE. 1  
 JACKSONVILLE FL 32224-9667**

**4315 PABLO OAKS COURT, STE. 1  
 JACKSONVILLE FL 32224-9667**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3515206**

Applied For

Not Applicable

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

**BRAREN, MICHAEL E  
 9551 BAYMEADOWS ROAD, STE. 4  
 JACKSONVILLE FL 32256**

Name

**BRAREN, MICHAEL E.**

Street Address (P.O. Box Number is Not Acceptable)

**4315 PABLO OAKS COURT, SUITE 1**

City

**JACKSONVILLE**

**FL**

Zip Code  
**32224**

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

*Michael E. Braren*

Michael E. Braren

4/17/02

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DV</b><br><b>BRAREN, MICHAEL E</b><br><b>4315 PABLO OAKS COURT, STE. 1</b><br><b>JACKSONVILLE FL 32224-9667</b>      | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DVT</b><br><b>FREDENHAGEN, SHARON W</b><br><b>4315 PABLO OAKS COURT, STE. 1</b><br><b>JACKSONVILLE FL 32224-9667</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DP</b><br><b>WALLACE, L. DENISE</b><br><b>4315 PABLO OAKS COURT, STE. 1</b><br><b>JACKSONVILLE FL 32224-9667</b>     | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DS</b><br><b>WALKER, BARBARA S</b><br><b>4315 PABLO OAKS COURT, STE. 1</b><br><b>JACKSONVILLE FL 32224-9667</b>      | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |

|  |  |   |
|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:

*Michael E. Braren*

Michael E. Braren, V.P. 4/17/02

904/482-1100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)