

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

0004887

**DOCUMENT # N98000003262**

1. Entity Name

**MLOP ASSOCIATION, INC.**



04-25-2003 90449 001 \*\*\*\*30.62

04-25-2003 90449 002 \*\*\*\*30.63

**55030992**



CHECK HERE IF MAKING CHANGES

Principal Place of Business

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

Mailing Address

**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

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

**BRAREN, MICHAEL E  
4315 PABLO OAKS COURT  
SUITE 1  
JACKSONVILLE FL 32224**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
DV	BRAREN, MICHAEL E	4315 PABLO OAKS COURT, STE. 1	JACKSONVILLE FL 32224-9667	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DVT	FREDENHAGEN, SHARON W	4315 PABLO OAKS COURT, STE. 1	JACKSONVILLE FL 32224-9667	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DP	WALLACE, L. DENISE	4315 PABLO OAKS COURT, STE. 1	JACKSONVILLE FL 32224-9667	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DS	WALKER, BARBARA S	4315 PABLO OAKS COURT, STE. 1	JACKSONVILLE FL 32224-9667	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input 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: *Michael E. Braren* **REQUIRED** Braren, V.P. 4/25/03 904/482-1100

CR2E087 (10/02)