

**2000 UNIFORM BUSINESS REPORT (UBR)**

87

**FILED**  
**Sep 06, 2000 8:00 am**  
**Secretary of State**

08-24-2000 90001 043 \*\*\*61.25

**DOCUMENT # N99000006153**

1. Entity Name

**MAYPORT MERCHANTS ASSOCIATION, INC.**

Principal Place of Business      Mailing Address  
 619 ATLANTIC BLVD.      619 ATLANTIC BLVD.  
 ATLANTIC BCH FL 32233      ATLANTIC BCH FL 32233

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      Applied For  
 59-3231641      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

**BLANKENSHIP, KIMBERLY A ESQ.**  
 1300 MARSH LANDING PKWY., SUITE 108  
 JACKSONVILLE BCH FL 32250

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      DATE  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**After September 13, 2000 min. will be \$236.25**

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	President	<input type="checkbox"/> Delete
NAME	MIKE DAVIDSON JR	
STREET ADDRESS	9650 ATLANTIC BLVD.	
CITY-ST-ZIP	JACKSONVILLE, FL.	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	JOHN MONAHAN JR.	
STREET ADDRESS	619 ATLANTIC BLVD	
CITY-ST-ZIP	ATLANTIC BEACH, FL. 32233	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	DIANE WRIGHT	
STREET ADDRESS	Bldg 460 MAYPORT NAVAL STATION	
CITY-ST-ZIP	MAYPORT, FL. 32227	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	RIEK MAIO	
STREET ADDRESS	3003 MAYPORT RD.	
CITY-ST-ZIP	MAYPORT, FL. 32203	
TITLE	Director	<input type="checkbox"/> Delete
NAME	JOHN D. CROSS	
STREET ADDRESS	P.O. BOX 007	
CITY-ST-ZIP	MAYPORT, FL. 32267-0007	
TITLE	Director	<input type="checkbox"/> Delete
NAME	MORRIS BUSBIA	
STREET ADDRESS	977 ATLANTIC BLVD.	
CITY-ST-ZIP	ATLANTIC BEACH, FL. 32033	

TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM F. McLAUGHLIN	
STREET ADDRESS	7019 CYPRESS BRIDGE DR. N	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL. 32082	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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      08-19-00      904-246-1023  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (5/00)