

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 20, 2002 8:00 am**  
**Secretary of State**

0004617

**DOCUMENT # N99000006153**

1. Entity Name

**MAYPORT MERCHANTS ASSOCIATION, INC.**

06-20-2002 90063 016 \*\*\*\*61.25

Principal Place of Business

Mailing Address

619 ATLANTIC BLVD.  
 ATLANTIC BCH FL 32233

619 ATLANTIC BLVD.  
 ATLANTIC BCH FL 32233

870400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3231641**

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

**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

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  Delete  
 NAME **DAVIDSON, MIKE JR**  
 STREET ADDRESS **9850 ATLANTIC BLVD**  
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE  Change  Addition  
 NAME **Bill Howell**  
 STREET ADDRESS **75 N. 11th St**  
 CITY-ST-ZIP **Jacksonville Beach, FL 32250**

TITLE  Delete  
 NAME **MONAHAN, JOHN JR**  
 STREET ADDRESS **619 ATLANTIC BLVD**  
 CITY-ST-ZIP **ATLANTIC BEACH FL 32233**

TITLE  Change  Addition  
 NAME **Keith Giddan**  
 STREET ADDRESS **2389 Mayport Rd.**  
 CITY-ST-ZIP **Atlantic Beach, FL 32233**

TITLE  Delete  
 NAME **McLOUGHLIN, BILL**  
 STREET ADDRESS **7019 CYPRESS BRIDGE DR.**  
 CITY-ST-ZIP **PONTE VEORA BCH FL 32082**

TITLE  Change  Addition  
 NAME **BRIAN JAFFO**  
 STREET ADDRESS **4949 Blanding Blvd.**  
 CITY-ST-ZIP **Jax. Fl.**

TITLE  Delete  
 NAME **MONAHAN, JOHN JR**  
 STREET ADDRESS **619 ATLANTIC BLVD**  
 CITY-ST-ZIP **ATLANTIC BCH FL 32233**

TITLE  Change  Addition

TITLE  Delete  
 NAME **CROSS, JOHN D**  
 STREET ADDRESS **PO BOX 007**  
 CITY-ST-ZIP **MAYPORT FL 32267-0007**

TITLE  Change  Addition

TITLE  Delete  
 NAME **BUSBIA, MORRIS**  
 STREET ADDRESS **977 ATLANTIC BLVD**  
 CITY-ST-ZIP **ATLANTIC BEACH FL 32033**

TITLE  Change  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:

*John M. Jaffo* Treasurer

06/17/02 904-2461003

CR2E037 (9/01)