

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 91189 011 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # 497562</b> 1. Entity Name <b>Thornhill Associates, Inc.</b>	
Principal Place of Business <b>1400 Hancock Blvd. # 509</b> <b>Daytona Beach, FL 32114</b>	Mailing Address <b>1400 Hancock Blvd.</b> <b>Daytona Beach, FL 32114</b>
2. Principal Place of Business <b>1400 Hancock Blvd.</b> Suite, Apt. #, etc. <b>509</b> City & State <b>Daytona Beach, FL</b> Zip <b>32114</b> Country <b>USA</b>	3. Mailing Address <b>1400 Hancock Blvd.</b> Suite, Apt. #, etc. <b>509</b> City & State <b>Daytona Beach, FL</b> Zip <b>32114</b> Country <b>USA</b>
4. FEI Number <b>59-1652608</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>de ROODENBEKE, Noel J.</b> <b>1400 Hancock Blvd. # 509</b> <b>Daytona Beach, FL 32114</b>	
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE _____	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input checked="" type="checkbox"/> <b>FILE NOW!!! FEE IS \$150.00</b> (See criteria on back) <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
11. OFFICERS AND DIRECTORS	
TITLE <b>PTD</b> NAME <b>de ROODENBEKE, Noel J.</b> <input type="checkbox"/> Delete STREET ADDRESS <b>1400 Hancock Blvd. #509</b> CITY-ST-ZIP <b>Daytona Beach, FL 32114</b>	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
TITLE <b>VPSD</b> NAME <b>de ROODENBEKE, Ruta E.</b> <input type="checkbox"/> Delete STREET ADDRESS <b>1400 Hancock Blvd. # 509</b> CITY-ST-ZIP <b>Daytona Beach, FL 32114</b>	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
TITLE <b>D</b> NAME <b>AMBROSE, S. Mara</b> <input type="checkbox"/> Delete STREET ADDRESS <b>7133 Poole Jones Rd.</b> CITY-ST-ZIP <b>Frederick, MD 21702</b>	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
TITLE <b>D</b> NAME <b>McCLELLAN, Ingrid M.</b> <input type="checkbox"/> Delete STREET ADDRESS <b>351 West River Rd.</b> CITY-ST-ZIP <b>Palatka, FL 32177</b>	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
TITLE <b>D</b> NAME <b>CROOKE (NICOLL), Miriam C.</b> <input type="checkbox"/> Delete STREET ADDRESS <b>223 S. Switzerland</b> CITY-ST-ZIP <b>Interlaken, FL 32148</b>	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
TITLE <b>D</b> NAME <b>AMBROSE, George C.</b> <input type="checkbox"/> Delete STREET ADDRESS <b>7133 Poole Jones Rd.</b> CITY-ST-ZIP <b>Frederick, MD 21702</b>	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
13. I hereby certify that the information supplied with this filing does not qualify for an exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of the corporation or the receiver or trustee empowered to execute this report is true and accurate and that it is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: _____ <b>President 5/17/01 386-239-9503</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	

CR2E034 (11/00)