

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90258 009 \*\*\*158.75

**DOCUMENT # 696650**

1. Entity Name

**MARKETING & MANAGEMENT CORPORATION OF AMERICA**

Principal Place of Business

Mailing Address

736 6TH STREET WEST  
TIERRA VERDE FL 33715

736 6TH STREET WEST  
TIERRA VERDE FL 33715-1809

103292



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

59-2112118

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

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **SD**  
STREET ADDRESS **BAKER, BILLIE P**  
CITY-ST-ZIP **736 6TH STREET WEST**  
**TIERRA VERDE FL**

TITLE ☐ Change ☒ Addition  
NAME **D. mevicar, michael**  
STREET ADDRESS **5991 S. Rock creek Drive**  
CITY-ST-ZIP **Castle Rock, CO 80104**

TITLE ☐ Delete  
NAME **VD**  
STREET ADDRESS **IRVIN, GARY**  
CITY-ST-ZIP **2510 N.W. 2ND CREEK ROAD**  
**SMITHVILLE MO**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **PTD**  
STREET ADDRESS **BAKER, CORLOS F**  
CITY-ST-ZIP **736 6TH STREET WEST**  
**ST PETERSBURG, FL 00000**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **MENARD, DAVID**  
CITY-ST-ZIP **3001 NINE BARK DR**  
**FT COLLINS CO 80527**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **SIMMONS, MICHAEL, J**  
CITY-ST-ZIP **24 ARROWHEAD RD**  
**LITCHFIELD IL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **GORDLEY, PHILIP**  
CITY-ST-ZIP **8615 TIA CHRISTINA DRIVE NW**  
**ALBUQUERQUE NM 87114**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-06-00

Date

(727) 866-8363

Daytime Phone #

CR2E034 (9/99)