

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 701874

1. Entity Name

FLORIDA COSMETOLOGY ASSOCIATION, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90183 013 ****61.25

Principal Place of Business

Mailing Address

1311 N. WESTSHORE BLVD. SUITE 114
TAMPA FL 33607

1311 N. WESTSHORE BLVD. SUITE 114
TAMPA FL 33607-4611

00028588



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

7755 New Tampa Hwy
Suite, Apt. #, etc.

7755 New Tampa Hwy
Suite, Apt. #, etc.

City & State
Lakeland, FL

City & State
Lakeland FL

4. FEI Number
59-1003667

Applied For
Not Applicable

Zip
33815

Country
POLK

Zip
33815

Country
POLK

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

MCDONALD, EDWARD
7755 NEW TAMPA HWY
LAKELAND FL 33815

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 P ☐ Delete
NAME POOLE, BONNIE A
STREET ADDRESS 4492 HARBOUR CT N.
CITY-ST-ZIP JACKSONVILLE FL 32225

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

TITLE VP ☒ Delete
NAME BLAIE, MARK A
STREET ADDRESS 1800 EMBASSY DR #123
CITY-ST-ZIP W. PALM BCH FL 33401

TITLE VP ☐ Change ☒ Addition
NAME Ralph L. Reed
STREET ADDRESS 381 West Winds
CITY-ST-ZIP Palm Harbor, FL 34683

TITLE T ☐ Delete
NAME MCDONALD, EDWARD
STREET ADDRESS 7755 NEW TAMPA HWY
CITY-ST-ZIP LAKELAND FL

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

TITLE S ☐ Delete
NAME PANOCH, NANCY
STREET ADDRESS 3420 MAGNOLIA WAY
CITY-ST-ZIP PUNTA GARDEN FL 33950

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

TITLE D ☐ Delete
NAME CLAY, JERRY L
STREET ADDRESS 4466 GANYARD ST
CITY-ST-ZIP PORT CHARLTTE FL 33980

TITLE D ☐ Change ☒ Addition
NAME Brian Johnson
STREET ADDRESS 447 MacArther Dr
CITY-ST-ZIP Port Charlotte FL 33952

TITLE D ☒ Delete
NAME CORONA, B J
STREET ADDRESS 7124 FLAGGLER DR
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE D ☐ Change ☒ Addition
NAME Bobbie Hall
STREET ADDRESS 314 E. Park St
CITY-ST-ZIP Auburndale FL 33823

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)