

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 29, 2001 8:00 am**  
**Secretary of State**

08-29-2001 90018 011 \*\*\*\*61.25

0010255

**DOCUMENT # 716652**

1. Entity Name

**MAIN BOULEVARD ASSOCIATION, INC.**

Principal Place of Business

230 SOUTH BLVD  
 HIGH POINT III  
 BOYNTON BEACH FL 33435

Mailing Address

230 SOUTH BLVD  
 HIGH POINT III  
 BOYNTON BEACH FL 33435

DUPLICATE



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 **59-1378501**

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

**MCMECHEN, PATRICIA**  
**275 D SOUTH BLVD**  
**BOYNTON BEACH FL 33435**

Name

**ORMSBY, JEAN**

Street Address (P.O. Box Number is Not Acceptable)

**455 -D NORTH BLVD**

**BOYNTON BEACH, FL 33435**

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

*Jean Ormsby* - **JEAN ORMSBY - PRESIDENT**

**8-15-01**

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**  
**After September 12, 2001, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	CORSCADDEN, ALAN	430 NORTH BLVD APT. D	BOYNTON BEACH FL 33435	<input checked="" type="checkbox"/>
S	CORSCADDEN, MARIE	430 N BLVD PA	BOYNTON BEACH FL	<input type="checkbox"/>
D	SMITH, NED	345 C MAIN BLVD	BOYNTON BEACH FL 33435	<input checked="" type="checkbox"/>
TD	MORENO, BETTY	440-C NORTH BLVD	BOYNTON BEACH FL	<input type="checkbox"/>
VD	MCMECHEN, RICHARD	275 D. SOUTH BLVD	BOYNTON BEACH FL 33435	<input type="checkbox"/>
AP	SMITH, BETTY ANNE	345-C MAIN BLVD	BOYNTON BEACH FL	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
V	JOYCE, ELIZABETH	455-A' NORTH BLVD	BOYNTON BEACH, FL 33435	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	WILLIAMSON, JANE	455-C NORTH BLVD	BOYNTON BEACH, FL 33435	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	CORSCADDEN, MARIE	430 -D NORTH BLVD	BOYNTON, BEACH, FL 33435	<input type="checkbox"/>	<input type="checkbox"/>
T	MORENO, BETTY	440-C NORTH BLVD	BOYNTON BEACH FL 33435	<input type="checkbox"/>	<input type="checkbox"/>
A.S.	MCMECHEN, RICHARD	275-D SOUTH BLVD	BOYNTON BEACH FL 33435	<input type="checkbox"/>	<input type="checkbox"/>
D	MCMECHEN, PATRICIA	275 D SOUTH BLVD	BOYNTON BEACH FL 33435	<input type="checkbox"/>	<input type="checkbox"/>

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: *Betty Moreno* - **Treasurer** 8-15-01 561-369-5521

CR2E037 (5/01)