2000 UNIFORM BUSINESS REPORT (UBR)						14.10FZ			
DOCUMENT # 758352						FILED			
						1.16.69			
SIX THOUSAND ASSOCIATION, INC.						00 MAR 20 PM I2: 1:1			
Principal Plac	e of Business	Mailing Address	Mailing Address			SAGRETARY OF STATE TABLEARASSEE. FLORIDA			
2980 HARTLEY	RD W.	2180 WEST SR 434	2180 WEST SR 434 5000			PERMIT	SOURCE INTERIN	ijon.	
LONGWOOD FI	L 32257	LONGWOOD FL 32779 US			 	10) 0 :0 (6):00 (5):0 0 :10 (10) 2	ANI DOMA ANDIN BUBIN BIF		
	Place of Business W SR 434	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN T	'HIS SPACE			
STE 5		City & State		4. FEI Numbe	<u> </u>	Ar	plied For		
	00D FL				59-2112696		t Applicable		
Zip Country 32779 US		Zip	Country		5. Certificate	of Status Desired	\$8.75 Add Fee Require		
	6. Name and Address of Current	Registered Agent		Nama	7. Name and	Address of New Registe	red Agent		
			Name						
HART, JAMES W JR				Street Addre	ess (P.O. Box Number	is Not Acceptable)			
SENTRY MANAGEMENT INC									
	ST SR 434, SUITE 5000		City				FL Zip Code	-	
LONGWOOD FL 32779 8. The above named entity submits this statement for the purpose of changing its regis					 		<u> </u>		
8. The above	e named entity submits this statement fo	r the purpose of changing its r	registered	office or reg	istered agent, or both	i, in the state of Florida.			
	!								
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. [NOTE:	: Registered A	gent signature re	quired when reinstating)	<u> </u>	DATE		
FILE NOW:		9. Election Campaign Financing Trust Fund Contribution.			5.00 May Be dded to Fees Make Check Payable to Department of State				
	FEE IS \$61.25	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		^-	1000	Бераци			
10.	OFFICERS AND DI	RECTORS	11.		ADDITIONS/CHA	NGES TO OFFICERS AN			
TITLE	PD	☐ Delete	TITLE		MOLEAD WILL	TAM DD	(X) Change	Addition	
NAME STREET AODRESS	MCLEAR, WILLIAM Z. 6000 SAN JOSE BLVD., #3		NAME STREET	ADDRESS	MCLEAR, WILL	IAM UK.			
CITY-ST-ZIP	JACKSONVILLE FL		CITY-ST		32217				
TITLE	VD	☐ Delete	TITLE				☐ Change	☐ Addition	
NAME	KLIMAN, HY		NAME		g-m-g g-m-		and the second second	_~~_	
STREET ADDRESS CITY-ST-ZIP	6000 SAN JOSE BLVD.,5A		STREET A	ADDRESS - 7ip	34	-04/04/00 -04/04/00	-0100901	: :	
-	JACKSONVILLE FL 32217	Delete	TITLE			*************************************	Witchide		
TITLE NAME	GOLDBERG, PAT	LI Delete	NAME				EL comingo		
STREET ADDRESS	6000 SAN JOSE BLVD. #6E			ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL		CITY-ST	-ZIP 3	32217	 			
TITLE	TD	☐ Delete	TITLE				XX Change	Addition	
NAME STREET ADDRESS	HOFFENBERG, BEN 6000 SAN JOSE BLVD. #4F		NAME STREET	ADDRESS					
CITY-ST-ZIP	JACKSONVILLE, FL 00000		CITY-ST		2217				
TITLE	B		TITLE				☐ Change	Addition	

JACKSONVILLE F **JACKSONVILLE** 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

RUST, SUE

PARKER, GRADY

6000 SAN JOSE BLVD., #11B

JACKSONVILLE FL 32217

6000 SAN JOSE BLVD,4B

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: Daytime Phone #

XX Change

☐ Addition

ADD

DIRECTOR BECKER, ELI 6000 SAN JOSE BLVD #11A JACKSONVILLE FL 32217

DIRECTOR STEHLIN, CHUCK 6000 SAN JOSE BLVD #6D JACKSONVILLE FL 32217

DIRECTOR HULSKANDER, ROBERT 6000 SAN JOSE BLVD #7C JACKSONVILLE FL 32217