## 2001 UNIFORM BUSINESS REPORT (UBR)

## Mar 30, 2001 8:00 am DOCUMENT # 761519 1. Entity Name **Secretary of State** 03-14-2001 90010 045 \*\*\*\*70.00 MEDLEY PLANTATION ASSOCIATION, INC. Principal Place of Business Mailing Address 8171 N. W. 91 Terrace . #1-C 33553 Medley, FL 33166 2. Principal Place of Business 3. Mailing Address 8191 N.W. 91 Ter. 8191 N. W. 91 Ter. #8 Suite, Apt. #, etc. Suite, Apl. #, etc. DO NOT WRITE IN THIS SPACE Unit 8 <u>Unit 8</u> City & State Applied For City & State 4. FEI Number Medley, FL Medley, FL 59-2346454 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33166 USA 33166 Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent \_\_Donald\_M.\_Michelson\_\_\_\_ Henry Gonzalez Street Address (P.D. Box Number is Not Acceptable) 8191 N. W. 91 Terrace, A-8 8181 N. W. 91 Terrace. Medley, FL 33166 City Zip Code Medley 33166 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. Henry Gonzalez SIGNATURE 2-9-2001 iles atuals or adaptive une FILE NOW: 9. Election Campaign Financing Make Check Payable to. \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. ■ Addition CXDelete TITLE X Change TELE NAME Donald M. Michelson NAME Henry Gonzalez D . STREET ADDRESS STREET ADDRESS 8191 N. W. 91 Terrace, A-8 8181 N. W. 91 Ter., Unit 1 CITY-ST-ZIP CITY-ST-7IP Medley, FL 33166 Medley, FL 33166 Addition ☐ Change TITLE ☐ Delete ппе NAME NAME Robert Rodriguez D STREET ADDRESS STREET ADDRESS 8171 N. W. 91 Ter., Unit 2 CITY-ST-ZIP CITY-ST-ZIP Medley, FL 33166 T/SChange TITLE Delete TITLE Addition Ronald Helmke NAME NAME M. Donald\_Michelson\_ 8171 N. W. 91 Terrace, #1-C STREET ADDRESS STREET ADDRESS 8191 N. W. 91 Ter., Unit8 CITY-ST-ZIP CITY-ST-ZIP Medley FL 33166 Medley, FL 33166 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition Change | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 attact/prient with an address, with all original programment. SIGNATURE AND TYPED OR PRINTED NAME OF FRIENDS OFFICER OR DIRECTOR

FILED