

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766947

1. Entity Name

MELROSE BUSINESS ASSOCIATION, INC.

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90006 024 ****61.25

Principal Place of Business

Mailing Address

PO BOX 1301
MELROSE FL 32666-1301

PO BOX 1301
MELROSE FL 32666-1301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2350443

Applied For

Not Applicable

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

GIBBS, SHELLEY K
25501 NE SR 26
MELROSE FL 32666

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
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
GIBBS, SHELLEY K
7233 STRICKLIN LANE
KEYSTONE HEIGHTS FL 32656 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
HAASE, RONALD
25608 DEVONIA ST
MELROSE FL 32666 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Haase, Ronald
25608 Devonia St.
Melrose - FL 32666 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ADAMS, BARTON
PO BOX 1226 N/A
MELROSE FL 32666 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
Adams, Barton
PO BOX 1226 N/A
Melrose FL 32666 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
CHIAPPINI, STACEY
P.O. BOX 694 N/A
MELROSE FL 32666 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MURAWSKY, ROBYN
PO BOX 987
MELROSE FL 32666 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TRUEBLOOD, FELICITY M
PO BOX 62
MELROSE FL 32666 ☐ Delete

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

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: *SHELLEY K. GIBBS* SHELLEY K. Gibbs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/00

Date

475-1413

Daytime Phone #

CR2E037 (9/99)