

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90016 015 ****61.25

0021318

DOCUMENT # 766947

1. Entity Name

MELROSE BUSINESS ASSOCIATION, INC.

Principal Place of Business

PO BOX 1301
MELROSE FL 32666-1301

Mailing Address

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	D HAASE, RONALD 25608 DEVONIA ST MELROSE FL 32666	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ADAMS, BARTON PO BOX 1226 N/A MELROSE FL 32666	☒ Delete
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	D TRUEBLOOD, FELICITY M PO BOX 62 MELROSE FL 32666	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHRIS CARSON DIR. PO Box 308 Keystone Heights Fl 32656	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Tom Lucas PO Box 464 melrose fl 32666	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Ed O'Bryan PO Box 1801 melrose fl 32666	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-01

Date

Daytime Phone #

CR2E037 (10/00)