2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 02, 2002 8:00 am
Secretary of State
07-02-2002 90806 030 ****61.25

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DOCUMENT # 766947

1. Entity Name

MELROSE BUSINESS ASSOCIATION, INC.
Melrose Business & Commun. Ass'n, Inc.

Principal Place of Business	Mailing Address
PO BOX 1301 MELROSE FL 32666-1301	PO BOX 1301 MELROSE FL 32666-1301

DO NOT WRITE IN THIS SPACE

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: Ronda Andrews Street Address (P.O. Box Number is Not Acceptable): 25501 NE SR 26 City: Melrose FL Zip Code: 32666

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: Ronda Andrews Ronda Andrews TD 6-27-02
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	TD Ronda Andrews 25501 NE SR 26	☐ Change ☒ Addition Melrose, FL 32666
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARSON, CHRIS P O BOX 308 KEYSTONE HEIGHTS FL 32656	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LUCAS, TOM P.O. BOX 464 MELROSE FL 32666	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD O'BRYAN, ED P.O. BOX 1801 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	DS	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Natalie Corl P.O. Box 1056	☐ Change ☒ Addition Melrose, FL 32666

CR2E037 (9/01)

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 REQUIRED Ronda Andrews, President June 27, 02 352 475-2677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #