

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90096 024 ****61.25

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1. Entity Name

MELROSE BUSINESS AND COMMUNITY ASSOCIATION, INC.



Principal Place of Business

**PO BOX 1301, SR 21
MELROSE FL 32666-1301**

Mailing Address

**PO BOX 1301, SR 21
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

☐ CHECK HERE IF MAKING CHANGES

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

**ANDREWS, RONDA
25501 NE SR 26
MELROSE FL 32666**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	TD	ANDREWS, RONDA	25501 NE SR 26 MELROSE FL 32666				
	D	CARSON, CHRIS	P O BOX 308 KEYSTONE HEIGHTS FL 32656		PD		
	PD	LUCAS, TOM	P.O. BOX 464 MELROSE FL 32666		D		
	VD	O'BRYAN, ED	P.O. BOX 1801 MELROSE FL 32666				
	DS	TRUEBLOOD, FELICITY M	PO BOX 62 MELROSE FL 32666		DS	Walton Smith 6435 Lancaster CT MELROSE, FL 32666	
	D	CORR, NATALIE	PO BOX 1056 MELROSE FL 32666				

CR2E037 (10/02)

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 an officer like empowered.

SIGNATURE:

Ronda Andrews

11703 (352)475-1413