

2000 UNIFORM BUSINESS REPORT (UBR)

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

01-13-2000 90037 029 ****61.25

DOCUMENT # C93000000017

1. Entity Name

MALTA ASSOCIATION OF PALATKA

Principal Place of Business

Mailing Address

REID ST.
 PALATKA FL 32177

P.O. BOX 218
 PALATKA FL 32178-0218

00002622

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3192326

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

MILLICAN, FITZHUGH R
2114 CRILL AVENUE
PALATKA FL 32177

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	PD	<input type="checkbox"/> Delete
NAME	PASCAL, LORENZ N	
STREET ADDRESS	2819 S PALM AVE	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	O'GRADY, JOANN	
STREET ADDRESS	1603 CLEVELAND AVE	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	CRAMER, JOHN P	
STREET ADDRESS	121 HUSSON AVE	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BERRY, MARY L	
STREET ADDRESS	2809 GOLF DR	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANDLE, MARY	
STREET ADDRESS	PO BOX 718	
CITY-ST-ZIP	PALATKA, FL 32178	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN F. O'GRADY	
STREET ADDRESS	1603 CLEVELAND AVE	
CITY-ST-ZIP	PALATKA, FL 32177	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

JOHN F. O'GRADY

1/6/2000 328-2863

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)