

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # C93000000017**

1. Entity Name

MALTA ASSOCIATION OF PALATKA

Principal Place of Business

**3201 REID ST.
PALATKA FL 32177**

Mailing Address

**P.O. BOX 218
PALATKA FL 32178**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3192326

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MILICAN, FITZHUGH R
2114 CRILL AVENUE
PALATKA FL 32177**

7. Name and Address of New Registered Agent

Name

JOHN F. O'GRADY

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

1603 CLEVELAND AVENUE

City

PALATKA,**FL**Zip Code
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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	VAN HORN, CARL E	
STREET ADDRESS	134 WEERTS RD	
CITY-ST-ZIP	SAN MATEO FL 32187	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CHILDERS, BABE J	
STREET ADDRESS	132 ESPERANZA GROVE RD	
CITY-ST-ZIP	EAST PALATKA FL 32131	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, JOSEPH W JR	
STREET ADDRESS	P O BOX 2137	
CITY-ST-ZIP	PALATKA FL 32178	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARD J. CUSATO	
STREET ADDRESS	3201 REID STREET	
CITY-ST-ZIP	PALATKA, FL 32177	
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSE MARY PASCAL	
STREET ADDRESS	2819 SO. PALM AVENUE	
CITY-ST-ZIP	PALATKA, FL 32177	
TITLE	STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN F. O'GRADY	
STREET ADDRESS	1603 CLEVELAND AVENUE	
CITY-ST-ZIP	PALATKA, FL 32177	
TITLE	STD	<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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**JOHN F. O'GRADY****JAN 7, 2002 328-2863**
Date Daytime Phone #**FILED**
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90076 030 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)