

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 22, 2002 8:00 am
Secretary of State

07-22-2002 90160 047 ****70.00

DOCUMENT # F00000003434

1. Entity Name

NATIONAL FLEA MARKET ASSOCIATION, INC.

Principal Place of Business

**2801 E. IRLO BRONSON HIGHWAY
 KISSIMMEE FL 34747**

Mailing Address

**24 PINE STREET
 WINDERMERE FL 34747**

2. Principal Place of Business

2801 E Irlo Bronson Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Kissimmee Fl.

Zip

Country

34744 Osceola USA

4. FEI Number

56-2082306

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**BUDNEIRO, FRANK JR
 24 PINE STREET
 WINDERMERE FL 34786**

7. Name and Address of New Registered Agent

**FRANK BUONAURO JR
 2801 E. Irlo Bronson Hwy
 Kissimmee FL 34744**

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 **FRANK Buonauro Jr** **Frank Buonauro Jr** **7-15-02**

**After September 13, 2002,
 min. will be \$236.25.**

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	D GRESSER, BILL 6991 E. CAMELBACK ROAD SCOTTSDALE AZ 85251	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIMMONS, RON 2602 MAYFIELD ROAD GRAND PRAIRIE TX 75052	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, BARBARA 2720 W. 7 MILE ROAD CALEDONIA WI 53108	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB BUONAURO, FRANK 24 PINE STREET WINDERMERE FL 34786	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (4/02)

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 all other like empowered.

SIGNATURE: **Frank Buonauro Jr** **7/15/02** **407 846-2811**