

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H61946

1. Entity Name

EMLN ASSOCIATES, INCORPORATED

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90153 005 ***550.00

Principal Place of Business

2855 OCEAN DRIVE, SUITE D-4
VERO BEACH FL 32963
US

Mailing Address

2855 OCEAN DRIVE, SUITE D-4
VERO BEACH FL 32963
US

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

59-2547860

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

GORDON, THEODORE E.

~~909 A BEACHLAND BOULEVARD~~
VERO BEACH FL 32963

Name

NENA GARCIA

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

2855 OCEAN Drive, Ste D-4
City VERO Beach FL Zip Code 32963

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 NENA GARCIA

Signature, typed or printed name of registered agent and title if applicable.

Nena Garcia

(NOTE: Registered Agent signature required when reinstating)

7/14/00

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME GORDON, THEODORE E.
STREET ADDRESS 2406 OCEAN DR.
CITY-ST-ZIP VERO BEACH FL

☐ Delete

TITLE SD
NAME GORDON, ELIZABETH S.
STREET ADDRESS 2406 OCEAN DR.
CITY-ST-ZIP VERO BEACH FL

☐ Delete

TITLE
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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/17/00

Daytime Phone #

561-231
1400