

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000004209

1. Entity Name

ING MEMBERS ASSOCIATION, INC.

Principal Place of Business

290 WAYMONT CT STE 100
LAKE MARY FL 32746

Mailing Address

290 WAYMONT CT STE 100
LAKE MARY FL 32746

2. Principal Place of Business

330 Waymont Ct

3. Mailing Address

Suite, Apt. #, etc.

City & State

Lake Mary, FL

City & State

4. FEI Number

31-1717531

Applied For

Not Applicable

Zip

32746

Country

US

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JAMISON, MICHAEL
290 WAYMONT CT STE 100
LAKE MARY FL 32746

7. Name and Address of New Registered Agent

Name Jamison, Michael

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

330 Waymont Ct

City Lake Mary

FL

Zip Code 32746

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

Michael W. Jamison

Michael W. Jamison

4/10/01

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

(NOTE: Registered Agent signature required when reappointing)

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

TITLE Executive Director ☒ Delete
NAME Michael W. Jamison
STREET ADDRESS 330 Waymont Ct
CITY-STATE-ZIP Lake Mary, FL 32746

TITLE Executive Board Member ☒ Delete
NAME Mark Grody
STREET ADDRESS 90 Palomina Cir
CITY-STATE-ZIP Palm Desert, CA 92211

TITLE Executive Board Member ☒ Delete
NAME John Glozek
STREET ADDRESS 22 W. Nicholas
CITY-STATE-ZIP Hicksville, NY 11801

TITLE President ☒ Delete
NAME Tim O'Connor
STREET ADDRESS P.O. Box 700
CITY-STATE-ZIP Rockwood, Ontario, Canada N0B2K0

TITLE V. President ☒ Delete
NAME Bob Nitekiewicz
STREET ADDRESS 21-00 Route 208
CITY-STATE-ZIP Fair Lawn, NJ 07410

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 817, 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:

Michael W. Jamison

Michael W. Jamison

4/10/01

407
328-
0500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25037 (10/00)