

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 09, 2002 8:00 am
Secretary of State

09-09-2002 90027 026 ****61.25

DOCUMENT # N00000004209

1. Entity Name

ING MEMBERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**330 WAYMONT CT
LAKE MARY FL 32746**

**330 WAYMONT CT
LAKE MARY FL 32746**

2. Principal Place of Business

3. Mailing Address

556 Teton St

556 Teton St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lake Mary FL

Lake Mary, FL

Zip

Country

Zip

Country

32746

USA

32746

USA

4. FEI Number

31-1717531

Applied For

Not Applicable

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

Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JAMISON, MICHAEL
330 WAYMONT COURT
LAKE MARY FL 32746**

Name

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

556 Teton St.

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9/1/02

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 ☐ Delete
NAME **ED**
STREET ADDRESS **JAMISON, MICHAEL**
CITY-ST-ZIP **330 WAYMONT COURT
LAKE MARY FL 32746**

TITLE ☒ Change ☐ Addition
NAME **Jamison, Michael**
STREET ADDRESS **556 Teton St.**
CITY-ST-ZIP **Lake Mary, FL 32746**

TITLE ☐ Delete
NAME **EBMD**
STREET ADDRESS **GRODY, MARK**
CITY-ST-ZIP **90, PALOMINA, CIRCLE
PALM DESERT, CA 92211**

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

TITLE ☐ Delete
NAME **EBMD**
STREET ADDRESS **GLOZEK, JOHN**
CITY-ST-ZIP **22 W NICHOLAI
HICKSVILLE NY 11801**

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

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **O'CONNOR, TIM**
CITY-ST-ZIP **PO BOX 700
ROCKWOOD, ONTARIO N0B- 2K0**

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

TITLE ☐ Delete
NAME **VPD**
STREET ADDRESS **NITKEWICZ, BOB**
CITY-ST-ZIP **21-00 ROUTE 208
FAIR LAWN NJ 07410**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Signature Required

9/1/02

407-328-0500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)