6/30/2002-90230-

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2002 8:00 am
Secretary of State
06-30-2002 90230 041 ****70.00

DOCUMENT # N01000001730

1. Entity Name
Thornton Park Merchant's Association

DO NOT WRITE IN THIS SPACE

[redacted] 97603

2. Principal Place of Business	3. Mailing Address
The Herb Shop of Thornton Park	815 E. Washington St
Suite, Apt. #, etc. 815 E. Washington St.	Suite, Apt. #, etc.
City & State Orlando, FL	City & State same
Zip 32801 Country USA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number # 78-3055051 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Marie-France Bersia

Street Address (P.O. Box Number is Not Acceptable): 716 E. Washington St. #B

City: Orlando FL Zip Code: 32801

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: MBersia
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

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 P NAME Marie Bersia STREET ADDRESS 716 E. Washington St. #B CITY-ST-ZIP Orlando, FL 32801	D	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE T NAME Lee Moore STREET ADDRESS 815 E. Washington St. CITY-ST-ZIP Orlando, FL 32801	D	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME Jim Crescitelli STREET ADDRESS 625 E. Central Blvd. CITY-ST-ZIP Orlando, FL 32801	D	TITLE NAME STREET ADDRESS CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: M Bersia 5-28-02 (407)835-8855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #