

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90110 002 \*\*\*\*\*61.25

**DOCUMENT # NO1000007506**

1. Entity Name

**FLORIDA DIRECTIONAL DRILLING ASSOCIATION, INC.**



Principal Place of Business

**231 WEST BAY AVE.  
LONGWOOD FL 32750-4125**

Mailing Address

**231 WEST BAY AVE.  
LONGWOOD FL 32750-4125**

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 **59-3750004**

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

**KERSHNER, R. BRUCE  
231 WEST BAY AVE.  
LONGWOOD FL 32750-4125**

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **BLAKE, JEFF**  
STREET ADDRESS **11950 N.W. 39TH ST., STE. A**  
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **President** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **BLAKE, ROBIN**  
STREET ADDRESS **11950 N.W. 39TH ST., STE. A**  
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **Secretary/Treasurer** ☒ Change ☐ Addition  
NAME **Blake, Robin**  
STREET ADDRESS **470 S.W. 9th Terrace**  
CITY-ST-ZIP **Pompano Beach, FL 33069-3527**

TITLE **D** ☐ Delete  
NAME **HARFORD, MIKE**  
STREET ADDRESS **871 SUNSHINE LANE, STE. 105**  
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **Vice-President** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **AYALA, MANNY**  
STREET ADDRESS **1400 N.W. 15TH ST.**  
CITY-ST-ZIP **POMPANO BEACH FL 33069**

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

TITLE **D** ☒ Delete  
NAME **CINNAMON, DONALD**  
STREET ADDRESS **123 LIVE OAK RD.**  
CITY-ST-ZIP **WINTER GARDEN FL 34787**

TITLE **Executive Director** ☐ Change ☒ Addition  
NAME **Kershner, R. Bruce**  
STREET ADDRESS **231 West Bay Avenue**  
CITY-ST-ZIP **Longwood, FL 32750-4125**

TITLE **D** ☐ Delete  
NAME **FRESNEDA, FRANK**  
STREET ADDRESS **3701 N.E. 36TH AVE., STE. C**  
CITY-ST-ZIP **OCALA FL 34479**

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: **R. Bruce Kershner** 4/22/03 407/339-0089

CR2E037 (10/02)