

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N05967

1. Entity Name

MANDARIN BUSINESS ASSOCIATION, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90011 006 ****61.25

Principal Place of Business Mailing Address
3130 HARTLEY RD. 8535-3 BAYMEADOWS RD.
JACKSONVILLE FL 32257 SUITE 192
JACKSONVILLE FL 32256
US

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
PMB 314

City & State City & State
Jacksonville FL
Zip Country Zip Country
32223 Duval



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2478844
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
BOLUS, MICHAEL
10110 SAN JOSE BLVD.
JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent
Name Michael Bowlus
Street Address (P.O. Box Number is Not Acceptable)
to correct spelling of name
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.
SIGNATURE *Michael Bowlus* 4/6/00
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 Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	Frank Wallmeyer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWLUS, MICHAEL	NAME	P/D
STREET ADDRESS	10110 SAN JOSE BLVD.	STREET ADDRESS	4371 Gasden Court
CITY-ST-ZIP	JACKSONVILLE FL 32257	CITY-ST-ZIP	Jacksonville FL 32207 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> Delete	TITLE	
NAME	ELLIOT, LARRY	NAME	
STREET ADDRESS	1111-2A SAN JOSE BLVD.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32257	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	Jamie Glavich <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLAUCH, JAMIE	NAME	correct spelling of name
STREET ADDRESS	9684 HOOD RD.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32-2257	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	
NAME	BOWLUS, MICHAEL	NAME	
STREET ADDRESS	10110 SAN JOSE BLVD	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32257	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Taylor, Jim <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Treasurer
STREET ADDRESS		STREET ADDRESS	10039 Elmbrook Circle
CITY-ST-ZIP		CITY-ST-ZIP	Jacksonville FL 32257
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Michael Bowlus* 4/6/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date Daytime Phone #

CR2E037 (9/99)