

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90439 034 \*\*\*\*61.25

0089967

**DOCUMENT # N05967**

1. Entity Name

**MANDARIN BUSINESS ASSOCIATION, INC.**

Principal Place of Business

**3130 HARTLEY RD.  
 JACKSONVILLE FL 32257**

Mailing Address

**11111-2A SAN JOSE BLVD  
 PMB 314  
 JACKSONVILLE FL 32223  
 US**

2. Principal Place of Business

3. Mailing Address

**11111-70 San Jose Blvd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2478844**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BOWLUS, MICHAEL  
 10110 SAN JOSE BLVD.  
 JACKSONVILLE FL 32257**

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.

**C1**

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  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
 NAME **PD WALLMEYER, FRANK**  
 STREET ADDRESS **4371 GASDEN COURT**  
 CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **11111-70 San Jose Blvd PMB 314**  
 CITY-ST-ZIP **32223**

TITLE ☐ Delete  
 NAME **D ELLIOT, LARRY**  
 STREET ADDRESS **1111-2A SAN JOSE BLVD**  
 CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE ☐ Delete  
 NAME **PD**  
 STREET ADDRESS **11111-70 San Jose Blvd PMB 314**  
 CITY-ST-ZIP **32223**

TITLE ☐ Delete  
 NAME **VD GLAVICH, JAMIE**  
 STREET ADDRESS **9664 HOOD RD.**  
 CITY-ST-ZIP **JACKSONVILLE FL 32-2257**

TITLE ☐ Delete  
 NAME **PD**  
 STREET ADDRESS **11111-70 San Jose Blvd PMB 314**  
 CITY-ST-ZIP **32223**

TITLE ☐ Delete  
 NAME **VD BOWLUS, MICHAEL**  
 STREET ADDRESS **10110 SAN JOSE BLVD**  
 CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE ☐ Delete  
 NAME **PD**  
 STREET ADDRESS **11111-70 San Jose Blvd PMB 314**  
 CITY-ST-ZIP **32223**

TITLE ☐ Delete  
 NAME **T TAYLOR, JIM**  
 STREET ADDRESS **10039 ELMBROOK CIRCLE**  
 CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE ☐ Delete  
 NAME **PD**  
 STREET ADDRESS **11111-70 San Jose Blvd PMB 314**  
 CITY-ST-ZIP **32223**

TITLE ☐ Delete  
 NAME **PD**  
 STREET ADDRESS **11111-70 San Jose Blvd PMB 314**  
 CITY-ST-ZIP **32223**

TITLE ☐ Delete  
 NAME **PD**  
 STREET ADDRESS **11111-70 San Jose Blvd PMB 314**  
 CITY-ST-ZIP **32223**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4-25-01**

**904-880-2743**

Date

Daytime Phone #

CR2E037 (10/00)