

2000 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
May 11, 2000 8:00 am
Secretary of State

03-03-2000 90024 024 ****61.25

DOCUMENT # N13741

1. Entity Name

MPC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

550 S.E. PORT ST. LUCIE BLVD.
 PORT ST. LUCIE FL 34984

566 SE PT ST LUCIE BLVD
 PT ST LUCIE FL 34984
 US

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

66-0401609

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PACELLA, PATSY
2369 E. MIDDLETON ROAD
STRUTHERS OH 44471

Name **Paul Turscak**

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

1646 S.W. BILTMORE STREET

City **PORT ST. LUCIE**

FL

Zip Code **34983**

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

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
NAME	PACELLA, PATSY	
STREET ADDRESS	2369 E. MIDLOTHIAN BLVD	
CITY-ST-ZIP	STRUTHERS OH	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PACELLA, ANNA MARIE	
STREET ADDRESS	2369 E. MIDLOTHIAN BLVD	
CITY-ST-ZIP	STRUTHERS OH	
TITLE	D	<input type="checkbox"/> Delete
NAME	PACELLA, ROBERT	
STREET ADDRESS	2369 E. MIDLOTHIAN BLVD	
CITY-ST-ZIP	STRUTHERS OH	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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 live empowered.

SIGNATURE:

SIGNATURE *Patsy Pacella*

2-15-00

Date

Daytime Phone #

CR2E037 (9/99)