

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90098 039 \*\*\*\*61.25

**DOCUMENT # N29546**

1. Entity Name

**MCBRIDE HILLS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

7738 MCCLURE DR  
 TALLAHASSEE FL 32312

7738 MCCLURE DR  
 TALLAHASSEE FL 32312

B0048004



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

7778 McClure Dr

6753 Thomasville Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Tallahassee, FL

PMB 128

City & State

Tallahassee, FL

4. FEI Number

59-2934589

Applied For

Not Applicable

Zip

Country

Zip

Country

32312

32312

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

MAROIS, JAMES  
 7738 MCCLURE DR  
 TALLAHASSEE FL 32312

Name Kimberly S. Besley

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

7778 McClure Dr.

City Tallahassee

FL

Zip Code 32312

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

*Kimberly S. Besley*

3-10-2002

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 PVD  Delete  
 NAME KISSINGER, GARY  
 STREET ADDRESS 7642 MCCLURE DR  
 CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE PD  Change  Addition  
 NAME Tim Soss  
 STREET ADDRESS 7762 McClure Drive  
 CITY-ST-ZIP Tallahassee, FL 32312

TITLE STD  Delete  
 NAME MAROIS, JIM  
 STREET ADDRESS 7738 MCCLURE DR  
 CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE TD  Change  Addition  
 NAME Kimberly Besley  
 STREET ADDRESS 7778 McClure Drive  
 CITY-ST-ZIP Tallahassee, FL 32312

TITLE D  Delete  
 NAME DANELLO, B  
 STREET ADDRESS 7770 MCCLURE DR  
 CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE SD  Change  Addition  
 NAME Melanie Schrowang  
 STREET ADDRESS 7833 MCCLURE DRIVE  
 CITY-ST-ZIP Tallahassee, FL 32312

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*Kimberly S. Besley*

3-10-2002

(850)894-8213

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)