

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

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90060 011 ****61.25

DOCUMENT # N29546

1. Entity Name
MCBRIDE HILLS ASSOCIATION, INC.



Principal Place of Business
**7778 MCCLURE DR
TALLAHASSEE FL 32312**

Mailing Address
**6753 THOMASVILLE RD
PMB 128
TALLAHASSEE FL 32312**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2934589**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**BESLEY, KIMBERLY
7778 MCCLURE DR
TALLAHASSEE FL 32312**

7. Name and Address of New Registered Agent
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 _____ (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	PD	<input type="checkbox"/> Delete
NAME	SASS, TIM	
STREET ADDRESS	7762 MCCLURE DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BESLEY, KIMBERLY	
STREET ADDRESS	7778 MCCLURE DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SCHROWANG, MELANIE ^{sp}	
STREET ADDRESS	7833 MCCLURE DRIVE Schrowang	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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 Besley* **SIGNATURE REQUIRED** *Besley* 3-25-03 (850) 894-8213

CR2E037 (10/02)