## **2000 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

الما الله العالم

Date

Daytime Phone #

## FILED DOCUMENT # N49579-Feb 23, 2000 8:00 am 1. Entity Name Secretary of State METROPOLITAN BUSINESS ASSOCIATION INC. 02-23-2000 90009 036 \*\*\*\*61.25 Mailing Address Principal Place of Business PO BOX 536981 PO BOX 536981 ORLANDO FL 32853-6981 ORLANDO FL 32853-698 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BARBER, ELLIOTT 639 ROMONA LN ORLANDO FL 32805 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Channe ☐ Addition TITLE VPD ☐ Delete TITLE NAME NAME CHADMAN, MARTHA STREET ADDRESS STREET ADDRESS 823 IRMA AVENUE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32803 ☐ Change Addition ☐ Delete TITLE TITLE NAME GEBHARDT, M WAYNE STREET ADDRESS STREET ADDRESS 401 NIBLICK AVE #5 CITY-ST-ZIP CITY-ST-7IP ORLANDO FL Change ☐ Addition Delete TITLE TITLE PD SIMMONS, DEBBIE NAME NAME STREET ADDRESS STREET ADDRESS 1308 LANE AVE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL Change ☐ Addition TITLE ☐ Delete TITLE SD JOHNSON, CARL NAME NAME STREET ADDRESS STREET ADDRESS 707 E WASHINGTON ST CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32801 ☐ Delete ☐ Change ☐ Addition TITLE Resident Physics NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TIT! F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P 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 address, with all other like