

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 13, 2001 8:00 am
Secretary of State

09-13-2001 90010 008 ****61.25

0019812

DOCUMENT # N95000000239

1. Entity Name

THE CORNERSTONE MARTIAL ARTS ASSOCIATION, INC.



Principal Place of Business

**7884 ST. ANDREWS ROAD
 LAKE WORTH FL 33467**

Mailing Address

**7884 ST. ANDREWS ROAD
 LAKE WORTH FL 33467**

00076693



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0553633**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ROBINSON, ROY
 7884 ST. ANDREWS ROAD
 LAKE WORTH FL 33467**

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.

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
After September 12, 2001, min. will be \$236.25

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

| | | |
|----------------|------------------------------|--|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ROBINSON, ROY | |
| STREET ADDRESS | 7884 ST. ANDREWS ROAD | |
| CITY-ST-ZIP | LAKE WORTH FL 33467 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | EDWARDS, LAURA | |
| STREET ADDRESS | 188 WOODLANDS ROAD | |
| CITY-ST-ZIP | PALM SPRINGS FL 33461 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | LUCAS, LISA | |
| STREET ADDRESS | 188 WOODLANDS ROAD | |
| CITY-ST-ZIP | PALM SPRINGS FL 33461 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Patricia Machu | |
| STREET ADDRESS | 1320 12th AVE S. #2 | |
| CITY-ST-ZIP | Lake Worth, FL 33460 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Kelly Machu | |
| STREET ADDRESS | 3174 Foxridge Court | |
| CITY-ST-ZIP | Palm Springs FL 33461 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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: **ROBINSON** 9/1/01 541-433-9546

CR2E037 (5/01)