

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N97000005826**

1. Entity Name

**INTERNATIONAL MOONEY OWNERS ASSOCIATION INC.**

Principal Place of Business

**110 W AIRPORT AVE  
VENICE FL 34285**

Mailing Address

**110 W AIRPORT AVE  
VENICE FL 34285**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number

**65-0875226**Applied For  
Not Applicable5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**KEYES, GERALD E  
333 W. MIAMI AVE.  
VENICE FL 34285**

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**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	DP	<input type="checkbox"/> Delete
NAME	JACOB, COY G	
STREET ADDRESS	321 SUNRISE DR.	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	DV	<input type="checkbox"/> Delete
NAME	PROTTER, HAROLD E	
STREET ADDRESS	6940 WASHINGTON	
CITY-ST-ZIP	ST. LOUIS MO 63130	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BERTORELLI, PAUL C	
STREET ADDRESS	P.O. BOX 309 (NA)	
CITY-ST-ZIP	NEWTOWN CT 06470-0309	
TITLE	DT	<input type="checkbox"/> Delete
NAME	KEYES, GERALD E	
STREET ADDRESS	514 BAYVIEW PKWY.	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARVIN, JAMES	
STREET ADDRESS	1 MEADOW LINK DR.	
CITY-ST-ZIP	PADUCAH KY 42001	
TITLE	D	<input type="checkbox"/> Delete
NAME	LINKS, JOHN	
STREET ADDRESS	3020 GREYCLIFF WAY	
CITY-ST-ZIP	MILFORD PA 18332	

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	<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	
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 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:

SIGNATURE REQUIRED

4-27-01

941-484-0801

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 91158 047 \*\*\*\*61.25

**553701**

DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)