

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003262

1. Entity Name

MLOP ASSOCIATION, INC.

Principal Place of Business

4315 PABLO OAKS COURT, STE. 1  
JACKSONVILLE FL 32224-9667

Mailing Address

4315 PABLO OAKS COURT, STE. 1  
JACKSONVILLE FL 32224-9667

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3515206

Applied For

Not Applicable

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

BRAREN, MICHAEL E  
9551 BAYMEADOWS ROAD, STE. 4  
JACKSONVILLE FL 32256

Name

BRAREN, MICHAEL E.

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

4315 PABLO OAKS COURT, SUITE 1

City

JACKSONVILLE

FL

Zip Code  
32224

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

*Michael E. Braren*  
Signature, typed or printed name of registered agent and title if applicable.

Michael E. Braren

4/17/02

(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 NAME STREET ADDRESS CITY-ST-ZIP	DV BRAREN, MICHAEL E 4315 PABLO OAKS COURT, STE. 1 JACKSONVILLE FL 32224-9667	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT FREDENHAGEN, SHARON W 4315 PABLO OAKS COURT, STE. 1 JACKSONVILLE FL 32224-9667	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WALLACE, L. DENISE 4315 PABLO OAKS COURT, STE. 1 JACKSONVILLE FL 32224-9667	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WALKER, BARBARA S 4315 PABLO OAKS COURT, STE. 1 JACKSONVILLE FL 32224-9667	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Michael E. Braren*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael E. Braren, V.P. 4/17/02

904/482-1100

Date

Daytime Phone #

FILED  
Apr 28, 2002 8:00 am  
Secretary of State

04-28-2002 90765 001 \*\*\*\*30.63

04-28-2002 90765 002 \*\*\*\*30.62



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)