

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000006153**

1. Entity Name

MAYPORT MERCHANTS ASSOCIATION, INC.**FILED**
Jun 20, 2002 8:00 am
Secretary of State

06-20-2002 90063 016 ****61.25

0004617

Principal Place of Business

**619 ATLANTIC BLVD.
ATLANTIC BCH FL 32233**

Mailing Address

**619 ATLANTIC BLVD.
ATLANTIC BCH FL 32233**

870400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3231641**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BLANKENSHIP, KIMBERLY A ESQ.
1300 MARSH LANDING PKWY., SUITE 108
JACKSONVILLE BCH FL 32250**

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 \$61.259. 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	P	<input type="checkbox"/> Delete
NAME	DAVIDSON, MIKE JR	
STREET ADDRESS	9850 ATLANTIC BLVD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	I	<input type="checkbox"/> Delete
NAME	MONAHAN, JOHN JR	
STREET ADDRESS	619 ATLANTIC BLVD	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	
TITLE	D	<input type="checkbox"/> Delete
NAME	M'CLOUGHLIN, BILL	
STREET ADDRESS	7019 CYPRESS BRIDGE DR.	
CITY-ST-ZIP	PONTE VERA BCH FL 32082	
TITLE	D	<input type="checkbox"/> Delete
NAME	MONAHAN, JOHN JR	
STREET ADDRESS	619 ATLANTIC BLVD	
CITY-ST-ZIP	ATLANTIC BCH FL 32233	
TITLE	D	<input type="checkbox"/> Delete
NAME	CROSS, JOHN D	
STREET ADDRESS	PO BOX 007	
CITY-ST-ZIP	MAYPORT FL 32267-0007	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BUSBIA, MORRIS	
STREET ADDRESS	977 ATLANTIC BLVD	
CITY-ST-ZIP	ATLANTIC BEACH FL 32033	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BILL HOWELL	
STREET ADDRESS	75 N. 11th St.	
CITY-ST-ZIP	Jacksonville Beach, FL 32250	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Keith Gailor	
STREET ADDRESS	2389 Mayport Rd.	
CITY-ST-ZIP	Atlantic Beach, FL 32233	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRIAN JAFFO	
STREET ADDRESS	4949 Blanding Blvd.	
CITY-ST-ZIP	Jax. FL.	
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 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:

John M. Jaffo

06/17/02 904-2461003

CR2E037 (9/01)