

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000077415

1. Entity Name

FIRST CHOICE ASSOCIATION MANAGEMENT, INC.

FILED

Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90094 015 ***150.00

Principal Place of Business

Mailing Address

3483 EAST LAKE ROAD #22
PALM HARBOR FL 34685

3483 EAST LAKE ROAD #22
PALM HARBOR FL 34685

2. Principal Place of Business

3440 East Lake Rd.

3. Mailing Address

3440 East Lake Rd.

Suite, Apt. #, etc.
106

Suite, Apt. #, etc.
106

City & State

Palm Harbor, FL

City & State

Palm Harbor, FL

4. FEI Number

59-3539719

Applied For

Not Applicable

Zip

34685

Country

Pinellas

Zip

34685

Country

Pinellas

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

NOLAN, JAMES M
3438 EAST LAKE RD
22
PALM HARBOR FL 34685

Name

James M. Nolan

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

3440 East Lake Rd., #106

City

Palm Harbor

FL

Zip Code
34685

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

James M. Nolan

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so:
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME NOLAN, JAMES M SR.
STREET ADDRESS 3483 EAST LAKE ROAD #22
CITY-ST-ZIP PALM HARBOR FL 34685

TITLE P ☐ Change ☐ Addition
NAME James M. Nolan, Sr.
STREET ADDRESS 3440 East Lake Rd., #106
CITY-ST-ZIP Palm Harbor, FL 34685

TITLE D ☐ Delete
NAME BLACK, BRIDGET L
STREET ADDRESS 3483 EAST LAKE ROAD #22
CITY-ST-ZIP PALM HARBOR FL 34685

TITLE D ☐ Change ☐ Addition
NAME Bridget Black
STREET ADDRESS 3440 East Lake Rd., #106
CITY-ST-ZIP Palm Harbor, FL 34685

TITLE D ☐ Delete
NAME LYNCH, SHARON K
STREET ADDRESS 3483 EAST LAKE ROAD #22
CITY-ST-ZIP PALM HARBOR FL 34685

TITLE D ☐ Change ☐ Addition
NAME Sharon K. Lynch
STREET ADDRESS 3440 East Lake Rd., #106
CITY-ST-ZIP Palm Harbor, FL 34685

TITLE D ☐ Delete
NAME RAIMONDI, THERESA
STREET ADDRESS 3483 EAST LAKE ROAD #22
CITY-ST-ZIP PALM HARBOR FL 34685

TITLE D ☐ Change ☐ Addition
NAME Theresa Raimondi
STREET ADDRESS 3440 East Lake Rd., #106
CITY-ST-ZIP Palm Harbor, FL 34685

TITLE D ☐ Delete
NAME HERRERA, PATRICIA
STREET ADDRESS 3483 EAST LAKE ROAD #22
CITY-ST-ZIP PALM HARBOR FL 34685

TITLE D ☐ Change ☐ Addition
NAME Patricia Herrera
STREET ADDRESS 3440 East Lake Rd., #106
CITY-ST-ZIP Palm Harbor, FL 34685

TITLE ST ☐ Delete
NAME NOLAN, MARGARET M
STREET ADDRESS 3483 EAST LAKE ROAD #22
CITY-ST-ZIP PALM HARBOR FL 34685

TITLE ST ☐ Change ☐ Addition
NAME Margaret M. Nolan
STREET ADDRESS 3440 East Lake Rd., #106
CITY-ST-ZIP Palm Harbor, FL 34685

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MARGARET M. NOLAN
Margaret M. Nolan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/29/00

727 785-8887

CR2E034 (9/99)