2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2001 8:00 am
Secretary of State
05-29-2001 90001 008 ***150.00

A0064006

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000054925

1. Entity Name

AURORA ASSOCIATES INC.

Principal Place of Business	Mailing Address
6088 Berryhill Road Milton, FL 32570	6088 Berryhill Road Milton, FL 32570

2. Principal Place of Business	3. Mailing Address
6088 Berryhill Road	6088 Berryhill Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Milton, Florida	City & State: Milton, Florida
Zip: 32570 Country: USA	Zip: 32570 Country: USA

4. FEI Number 59-3590846 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. **Name and Address of Current Registered Agent**

GARCIA, IVAN PhD
411 Greve Road
Pensacola, FL 32507

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

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, 2001 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	President/Secretary	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	John E. Brand		NAME	
STREET ADDRESS	5870 Country Club Road		STREET ADDRESS	
CITY-ST-ZIP	Milton, FL 32570		CITY-ST-ZIP	
TITLE	VP/Treasurer	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Karen M. Brand		NAME	
STREET ADDRESS	5870 Country Club Road		STREET ADDRESS	
CITY-ST-ZIP	Milton, FL 32570		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E034 (11/00)

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: John Brand, President 4-23-2001 626-3303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #