

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2002 8:00 am**  
**Secretary of State**

01-17-2002 90030 026 \*\*\*\*61.25

**DOCUMENT # 723052**

1. Entity Name

**LEDGES ASSOCIATION, INC. THE**

Principal Place of Business

Mailing Address

**C/O MRS. MARY MCKEON  
 900 SOUTH OCEAN BLVD.  
 DELRAY BEACH FL 33483**

**C/O MRS. MARY MCKEON  
 900 SOUTH OCEAN BLVD.  
 DELRAY BEACH FL 33483**

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

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUTHERFORD, CHARLES E.  
 2600 NORTH MILITARY TRAIL  
 FOURTH FLOOR, ONE CROCKER SQUARE  
 BOCA RATON FL 33431**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                               |                                 |
|----------------|-------------------------------|---------------------------------|
| TITLE          | <b>TD</b>                     | <input type="checkbox"/> Delete |
| NAME           | <b>MCKEON, MARY</b>           |                                 |
| STREET ADDRESS | <b>900 S. OCEAN BLVD</b>      |                                 |
| CITY-ST-ZIP    | <b>DELRAY BEACH,, FL 0</b>    |                                 |
| TITLE          | <b>D</b>                      | <input type="checkbox"/> Delete |
| NAME           | <b>DE MARCO, CONSTANCE L.</b> |                                 |
| STREET ADDRESS | <b>900 SOUTH OCEAN BLVD.</b>  |                                 |
| CITY-ST-ZIP    | <b>DELRAY BEACH FL</b>        |                                 |
| TITLE          | <b>PD</b>                     | <input type="checkbox"/> Delete |
| NAME           | <b>MCKEON, CLIFFORD G</b>     |                                 |
| STREET ADDRESS | <b>900 S OCEAN</b>            |                                 |
| CITY-ST-ZIP    | <b>DELRAY BEACH, FL 00000</b> |                                 |
| TITLE          | <b>VD</b>                     | <input type="checkbox"/> Delete |
| NAME           | <b>PICCIANO, LOUIS JR</b>     |                                 |
| STREET ADDRESS | <b>300 N. JENSEN RD.</b>      |                                 |
| CITY-ST-ZIP    | <b>VESTAL N.</b>              |                                 |
| TITLE          |                               | <input type="checkbox"/> Delete |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |
| TITLE          |                               | <input type="checkbox"/> Delete |
| 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 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: *Charles E. Rutherford*

January 9, 2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2E037 (9/01)