

2000 UNIFORM BUSINESS REPORT (UBR)

0006277

DOCUMENT # 730331

1. Entity Name

ASSOCIATED INDUSTRIES OF FLORIDA POLITICAL ACTIO

FILED

00 APR 26 AM 7:55

Principal Place of Business

516 N. ADAMS STREET
TALLAHASSEE FL 32301

Mailing Address

PO BOX 10085
TALLAHASSEE FL 32302-2085

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

59-1541669

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

SHEBEL, JON L.
516 NORTH ADAMS STREET
TALLAHASSEE FL 32301

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 **VC** Delete
NAME **ZAGORAC, MICHAEL JR**
STREET ADDRESS **201 E KENNEDY BLVD., STE 1611**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE **C** Change Addition
NAME **400003241734--3**
STREET ADDRESS **-05/08/00--01010--003**
CITY-ST-ZIP *******61.25 *****61.25**

TITLE **T** Delete
NAME **YON, DAVID P.**
STREET ADDRESS **516 N ADAMS**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE _____ Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE **PD** Delete
NAME **SHEBEL, JON L.**
STREET ADDRESS **516 N. ADAMS STREET**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE _____ Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE **SD** Delete
NAME **JOHNSON, MARION P**
STREET ADDRESS **516 N. ADAMS ST**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE _____ Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE **D** Delete
NAME **HINSON, CHARLES O III**
STREET ADDRESS **101 N MONROE ST**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE _____ Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE **D** Delete
NAME **HENDERSON, C E**
STREET ADDRESS **101 N MONROE ST**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **VC** Change Addition
NAME **Ammarell, John S.**
STREET ADDRESS **2943 S.W. Brighton Way**
CITY-ST-ZIP **Palm City, FL 34990**

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: Jon L. Shebel - President & CEO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-25-00

Date

(850) 224-7173

Daytime Phone #

CR2E037 (9/99)