

# 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.

**Jon L. Shebel - President & CEO**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-25-00**

Date

**(850) 224-7173**

Daytime Phone #

CR2E037 (9/99)