

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90008 010 ****61.25

DOCUMENT # 730331

1. Entity Name

ASSOCIATED INDUSTRIES OF FLORIDA POLITICAL ACTIO

Principal Place of Business

Mailing Address

**516 N. ADAMS STREET
 TALLAHASSEE FL 32301**

**PO BOX 10085
 TALLAHASSEE FL 32302**

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

59-1541669

Applied For

Not Applicable

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	C	<input type="checkbox"/> Delete
NAME	ZAGORAC, MICHAEL JR	
STREET ADDRESS	201 E KENNEDY BLVD., STE 1611	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	T	<input type="checkbox"/> Delete
NAME	YON, DAVID P.	
STREET ADDRESS	516 N ADAMS	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SHEBEL, JON L.	
STREET ADDRESS	516 N. ADAMS STREET	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JOHNSON, MARION P	
STREET ADDRESS	516 N. ADAMS ST	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HINSON, CHARLES O III	
STREET ADDRESS	101 N MONROE ST	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	VC	<input type="checkbox"/> Delete
NAME	AMMARELL, JOHN S	
STREET ADDRESS	2943 S.W. BRIGHTON WAY	
CITY-ST-ZIP	PALM CITY FL 34990	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	32301	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	32301	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Johnson, Marian P.	
STREET ADDRESS		
CITY-ST-ZIP	32301	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	101 N. Monroe St. - Suite 1060	
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 lines empowered.

Jon L. Shebel - President & CEO

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-22-01

Date

(850) 224-7173

Daytime Phone #

CR2E037 (10/00)