

2002 UNIFORM BUSINESS REPORT (UBR)

0005426

DOCUMENT # 730331

1. Entity Name

ASSOCIATED INDUSTRIES OF FLORIDA POLITICAL ACTION COMMITTEE, INC.

FILED

02 FEB 19 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

4. FEI Number

59-1541669

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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

TITLE: T Delete
NAME: YON, DAVID P.
STREET ADDRESS: 516 N ADAMS
CITY-ST-ZIP: TALLAHASSEE FL 32301

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

TITLE: PD Delete
NAME: SHEBEL, JON L.
STREET ADDRESS: 516 N. ADAMS STREET
CITY-ST-ZIP: TALLAHASSEE FL 32301

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

TITLE: SD Delete
NAME: JOHNSON, MARIAN P
STREET ADDRESS: 516 N. ADAMS ST
CITY-ST-ZIP: TALLAHASSEE FL 32301

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

TITLE: D Delete
NAME: HINSON, CHARLES O III
STREET ADDRESS: 101 N MONROE STREET SUITE 1060
CITY-ST-ZIP: TALLAHASSEE FL 32301

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

TITLE: VC Delete
NAME: AMMARELL, JOHN S
STREET ADDRESS: 2943 S.W. BRIGHTON WAY
CITY-ST-ZIP: PALM CITY FL 34990

TITLE: Change Addition
NAME: Arrizurieta, Jorge L.
STREET ADDRESS: Arrizurieta, Jorge L.
CITY-ST-ZIP: 450 E Las Olas Blvd, Suite 1500 Ft. Lauderdale, FL 33301

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 authorized 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

02-05-02

Date

(850) 224-7173

Daytime Phone #

CFR2E037 (9/01)