## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # N17024** May 26, 2000 8:00 am Secretary of State ASSOCIATED INDUSTRIES OF FLORIDA FOUNDATION, INC 05-26-2000 90095 044 \*\*\*\*61.25 Principal Place of Business Mailing Address 516 N ADAMS ST P. O. BOX 784 TALLAHASSEE FL 32302-0784 TALLAHASSEE FL 32301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2716743 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SHEBEL, JON L. 516 N. ADAMS ST. TALLAHASSEE FL 32301 Zip Code FL 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. the contraction of the contraction Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE **\$5.00** May Be FILE NOW: 9. Election Campaign Financing Make Check Payable to Trust Fund Contribution. Added to Fees FEE IS \$61.25 Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE CD TITLE Change ☐ Delete NAME NAME SHEBEL, JON L. STREET ADDRESS STREET ADDRESS 516 N ADAMS CITY-ST-ZIP CITY-ST-ZIP Tallahassee Fl ☐ Change ☐ Addition ☐ Delete TITLE TITLE D YON, DAVID P. NAME NAME STREET ADDRESS STREET ADDRESS 516 N ADAMS CITY-ST-ZIP <u>TALLAHASSE</u>E FL CITY-ST-7IP Change ☐ Addition Delete TITLE TITLE CHASE, JODI L. NAME NAME STREET ADDRESS STREET ADDRESS 3641 OCEON DR CITY-ST-ZIP CITY-ST-ZIP Tallahassee Fl Change **X** Addition ☐ Delete TITLE NAME STILES, MARY ANN STREET ADDRESS STREET ADDRESS 317 NORTH CALHOUN STREET CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE, FL 32301 ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 signalure shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the reveiver or true de employed 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 abstract, with all other like empowered.

04-25-00 (850)224-7173 SIGNATURE: Date

Davtime Phone #