

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90034 050 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # N31304
 1. Entity Name
ALUMINUM ASSOCIATION OF FLORIDA, BREVARD CHAPTER

Principal Place of Business Mailing Address

3319 MAGUIRE BLVD., SUITE 155 (32803) **3319 MAGUIRE BLVD., SUITE 155 (32803)**
P. O. BOX 140532 **P. O. BOX 140532**
ORLANDO FL 32814 **ORLANDO FL 33432-7462**

2. Principal Place of Business 3. Mailing Address
 1650 S. Dixie Highway 1650 S. Dixie Highway

Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 500 **Suite 500**

City & State City & State
Boca Raton, FL **Boca Raton, FL**

4. FEI Number Applied For
59-3147059 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

Zip Country Zip Country
33432 **USA** **33432** **USA**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

CLASSE WANDA
CLASSE MARKETING & MANAGEMENT INC.
3319 MAGUIRE BLVD., SUITE 155
ORLANDO FL 32803

Name **Jim McMullen**
 Street Address (P.O. Box Number is Not Acceptable)
1650 S. Dixie Highway
Suite 500
 City **Boca Raton, FL** Zip Code
33432

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 Executive Director DATE **4/26/00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	DP LINDSEY, ALLEN 2125 AVOCADO AVE. MELBOURNE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Melbourne, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELKUN, JOHN JR 1161 RIVER DR NE PALM BAY FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Hugh Martin 1581 Robert J. Conlan Blvd., NE #104 Palm Bay, FL 32905 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD CLASSE, WANDA 3319 MAGUIRE BLVD STE 155 ORLANDO FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D Jeff Martin 724 E. Fee Avenue Melbourne, FL 32901 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M Jim McMullen 1650 S. Dixie Hwy., Ste. 500 Boca Raton, FL 33432 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: DATE **4-8-00** DAYTIME PHONE # **(321) 254-7851**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)