

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

0051901

DOCUMENT # N31304

1. Entity Name

ALUMINUM ASSOCIATION OF FLORIDA, BREVARD CHAPTER

04-26-2001 90268 016 *****70.00

Principal Place of Business

Mailing Address

1650 S DIXIE HWY
 STE 500
 BOCA RATON FL 33432
 US

1650 S DIXIE HWY
 STE 500
 BOCA RATON FL 33432
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3147059

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

MCMULLEN, JIM
1650 S DIXIE HWY
STE 500
BOCA RATON FL 33432

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/12/01

FILE NOW:
FEES 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: **DP** Delete
 NAME: **LINDSEY, ALLEN**
 STREET ADDRESS: **2125 AVOCADO AVE.**
 CITY-ST-ZIP: **MELBOURNE FL 32935**

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

TITLE: **VD** Delete
 NAME: **MARTIN, HUGH**
 STREET ADDRESS: **1581 ROBERT J CONLAN BLVD NE #104**
 CITY-ST-ZIP: **PALM BAY FL 32905**

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

TITLE: **STD** Delete
 NAME: **MARTIN, JEFF**
 STREET ADDRESS: **724 E FEE AVE**
 CITY-ST-ZIP: **MELBOURNE FL 32901**

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

TITLE: **M** Delete
 NAME: **MCMULLEN, JIM**
 STREET ADDRESS: **1650 S DIXIE HWY STE 500**
 CITY-ST-ZIP: **BOCA RATON FL 33432**

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

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **Hadk were STD** Change Addition
 NAME: **Hank well**
 STREET ADDRESS: **2870 Kirby Ave NE Unit 1**
 CITY-ST-ZIP: **Palm Bay, FL 32905**

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change 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 like empowered.

SIGNATURE:

[Signature] **James S. McMullen, Executive Director**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)