

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 730331**

1. Entity Name

**ASSOCIATED INDUSTRIES OF FLORIDA POLITICAL ACTIO**

Principal Place of Business

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

Mailing Address

**PO BOX 10085  
TALLAHASSEE FL 32302**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

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

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

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01-22-01**

Date

**(850) 224-7173**

Daytime Phone #

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

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



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-1541669**

Applied For

Not Applicable

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

CR2E037 (10/00)