2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 700919 FLORIDA APPRENTICESHIP CONFERENCE, INC. Mailing Address Principal Place of Business 5437 CASSIDY ROAD 5437 CASSIDY ROAD JACKSONVILLE FL 32254-3616 JACKSONVILLE FL 32254 3. Mailing Address 2. Principal Place of Business

Same as 2 Suite, Apt. #, etc

9. Election Campaign Financing

Trust Fund Contribution.

Delete

Delete

☐ Delete

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Delete

Country

City

11.

TITLE

NAME

TITLE

NAME

TITLE

TITLE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

CITY-\$T-ZIP

CITY-\$T-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

City & State

5437 Cassidy Road

Jacksonville, FL

THOMAS, JERRY M 5437 CASSIDY RD JACKSONVILLE FL 32254

Country

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

USA

FILE NOW:

FEE IS \$61.25

POST OFICE BOX 100000 N/A

2738 North Forsyth Road

<u>Lake buena vista n/a fl</u>

SULLIVAN JR., JAMES M.

WINTER PARK FL 32792

THOMAS, JERRY M

5437 CASSIDY RD

Jacksonville fl

DAVIS, HOLMES

5901 AIRPORT RD

daytona beach fl

LAW, RODNEY

CD

VCD

STD _

VTD.

Suite, Apt. #, etc.

City & State

Zip

32254

SIGNATURE

10.

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIP

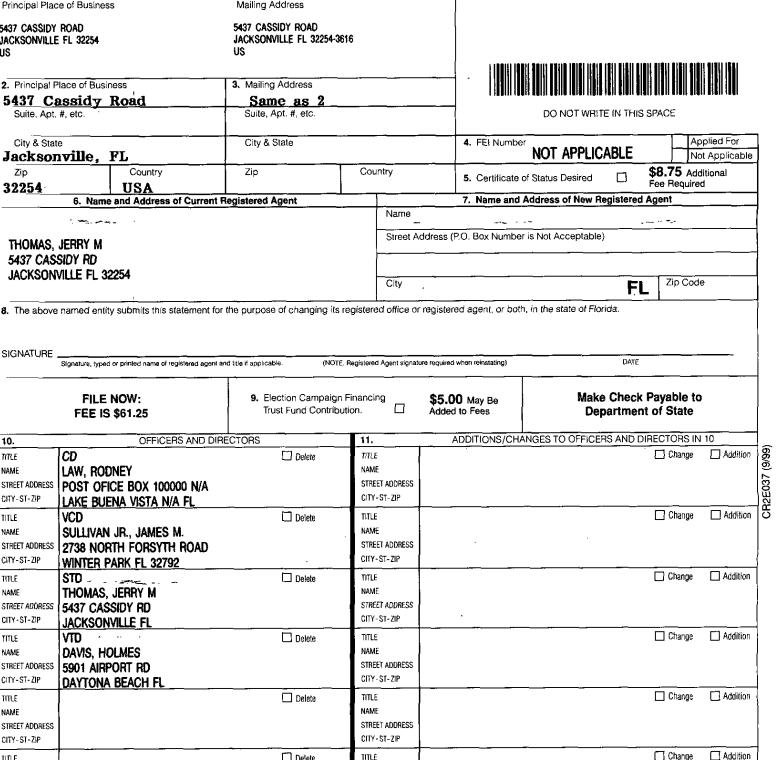
CITY-ST-ZIP

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FILED Jan 22, 2000 8:00 am Secretary of State

01-22-2000 90074 025 ****61.25



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.

CITY-ST-ZIP

SIGNATURE:

1/17/00

Date

904/781-2112

Daytime Phone #