

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90250 022 \*\*\*\*61.25

**DOCUMENT # 703826**

1. Entity Name

**LOCAL #91 GLASS BOTTLE BLOWERS ASSOCIATION HOLDI  
 NG CORPORATION, INC.**

Principal Place of Business

Mailing Address

**GLASS POTTERY, PLASTICS & ALLIED WORKERS  
 2873 W. 12TH ST.  
 JACKSONVILLE FL 32205-1801**

**GLASS POTTERY PLASTICS & ALLIED WORKERS  
 2873 W. 12TH ST  
 JACKSONVILLE FL 32205-1801**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-0826266**

Applied For

Not Applicable

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

**MANESS, WILLIAM H.  
 128 E. FORSYTH STREET  
 502 FLORIDA THEATRE BLDG.  
 JACKSONVILLE FL 32202**

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 ☐ Delete  
 NAME PD  
 STREET ADDRESS BARNHILL, JANET  
 CITY-ST-ZIP P.O. BOX 43 N/A  
 JACKSONVILLE FL 32219

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

TITLE ☐ Delete  
 NAME VD  
 STREET ADDRESS CREWS, EDWARD  
 CITY-ST-ZIP 1286 WOLF STREET  
 JACKSONVILLE FL 32205

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

TITLE ☒ Delete  
 NAME VD  
 STREET ADDRESS BEALS, JAMES W  
 CITY-ST-ZIP 3689 S KINGS RD  
 CALAHAN FL 32011

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

TITLE ☐ Delete  
 NAME FS  
 STREET ADDRESS RAMSEY, PAULA  
 CITY-ST-ZIP 2027 VALENS DR  
 JACKSONVILLE FL 32216

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

TITLE ☐ Delete  
 NAME T  
 STREET ADDRESS CORNELIUS, MCGRIFF  
 CITY-ST-ZIP 5221 GLEN ALAN CT S  
 JACKSONVILLE FL 32210

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

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* **PAULA RAMSEY**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*14 Jan 02* **904 725 2127**  
 Date Daytime Phone #

CR2E037 (9/01)