

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 04, 2003 8:00 am**  
**Secretary of State**

02-04-2003 90130 002 \*\*\*\*61.25

**DOCUMENT # 703826**

1. Entity Name

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



Principal Place of Business

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

Mailing Address

**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**

☐ CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	BARNHILL, JANET	
STREET ADDRESS	P O BOX 43 N/A	
CITY-ST-ZIP	JACKSONVILLE FL 32219	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CREWS, EDWARD	
STREET ADDRESS	1286 WOLF STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BEALS, JAMES W	
STREET ADDRESS	3689 S KINGS RD	
CITY-ST-ZIP	CALAHAN FL 32011	
TITLE	FS	<input type="checkbox"/> Delete
NAME	RAMSEY, PAULA	
STREET ADDRESS	2027 VALENS DR	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	T	<input type="checkbox"/> Delete
NAME	CORNELIUS, MCGRUFF	
STREET ADDRESS	5221 GLEN ALAN CT S	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 like empowered.

SIGNATURE:

*Signature of William H. Maness*

1-28-03 904 785 2127

CR2E037 (10/02)