

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 704141

1. Entity Name

AMERICAN INSTITUTE OF BUILDING DESIGN, FLORIDA SOCIETY, F.R.D.A., INC.

Principal Place of Business

Mailing Address

990 NORTH WOODLAND BLVD
2-1
DELAND FL 32720

990 NORTH WOODLAND BLVD 2-1
2-1
DELAND FL 32720

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

65-0039975

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

PEMBERTON, MARK
990 NORTH WOODLAND BLVD 2-1
DELAND FL 32720

Name

W.A. Lawrence

Street Address (P.O. Box Number is Not Acceptable)

1375 Sirocco St

City

Fort Myers

FL

Zip Code

33919

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 W.A. LAWRENCE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-02

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 DP
NAME KNICK, BARBARA
STREET ADDRESS 973 N HARBOR CITY BLVD
CITY-ST-ZIP CENTURY FL 32535 ☐ Delete

TITLE DTD
NAME Mike Keese
STREET ADDRESS PO Box 160429
CITY-ST-ZIP Altamonte Springs FL 32716 ☐ Change ☒ Addition

TITLE DVP
NAME MICKLEY, STEVEN
STREET ADDRESS 6223 HEATHER STREET
CITY-ST-ZIP PALM BEACH GARDENS FL 33418 ☐ Delete

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

TITLE DSD
NAME LAWRENCE, BUD
STREET ADDRESS 1375 SIROCCO STREET
CITY-ST-ZIP FORT MYERS FL 33919 ☐ Delete

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

TITLE DTD
NAME PEMBERTON, MARK
STREET ADDRESS 990 NORTH WOODLAND BLVD. 2-1
CITY-ST-ZIP DELAND FL 32720 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: W.A. LAWRENCE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-02 933-0085

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90356 006 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)