

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State
 03-20-2001 90012 001 ****70.00

DOCUMENT # 713692

1. Entity Name

FLORIDA RECYCLERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P O BOX 5567
 TAMPA FL 33675
 US

P O BOX 5567
 TAMPA FL 33675
 US

2. Principal Place of Business

3. Mailing Address

13101 Telecom DR

13101 Telecom DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Temple Terrace FL

City & State

Temple Terrace FL

Zip

33637

Country

Hillsborough

Zip

33637

Country

Hillsborough

4. FEI Number

59-2545102

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

GOLDMAN, MATT
2801 4TH AVE
TAMPA FL 33675

Name

MICHAEL J. HURST

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

13101 Telecom DR

City

Temple Terrace

FL

Zip Code

33637

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 NAME STREET ADDRESS CITY-ST-ZIP	VD CAREY, STEVE 3330 E MAIN ST LAKELAND FL 33801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEBOV, BERNARD 1701 NW 31ST AVE. FT. LAUDERDALE FL 33311	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GOLDMAN, MATT 2801 4TH AVE TAMPA FL 33675	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEVE CAREY 3330 E. MAIN ST LAKELAND, FL 33801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GOLDMAN, MATT 2801 4TH AVE TAMPA, FL 33675	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MICHAEL J. HURST 13101 Telecom DR Temple Terrace, FL 33637	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 I am empowered.

SIGNATURE:

SIGNATURE OF REGISTERED AGENT
MICHAEL J. HURST STD

Date

Daytime Phone #

3/14/01 813-903-7706

CR2E037 (10/00)