

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 738814**

1. Entity Name

**CENTRAL FLORIDA COMPONENT MANUFACTURERS ASSOCIAT**

Principal Place of Business

1867 OLD TOMOKA RD  
ORMOND BCH FL 32174  
US

Mailing Address

1867 OLD TOMOKA RD  
HOLLY HILL FL 32174  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-1745261

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MULLINS, MIKE L  
1867 OLD TOMOKA RD  
ORMOND BCH FL 32174

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.

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

TITLE PD ☒ Delete  
NAME GUNNELL, RICHARD  
STREET ADDRESS 1000 CARROLL ST  
CITY-ST-ZIP CLEARMONT FLTITLE VD ☒ Delete  
NAME GAINES, RON  
STREET ADDRESS 1240 NEBRASKA AVENUE  
CITY-ST-ZIP TAMPA FLTITLE TD ☐ Delete  
NAME MULLINS, MIKE L  
STREET ADDRESS 400 8TH ST  
CITY-ST-ZIP HOLLY HILL FLTITLE SD ☒ Delete  
NAME WRIGHT, DAVID  
STREET ADDRESS 3544 ALL AMERICAN BLVD  
CITY-ST-ZIP ORLANDO FLTITLE VD ☐ Delete  
NAME COOKE, BRAD  
STREET ADDRESS 56901 PEGGS RD  
CITY-ST-ZIP ORLANDO FL 32810TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE PRESIDENT / DIRECTOR ☒ Change ☐ Addition  
NAME DAVID WRIGHT  
STREET ADDRESS 3544 ALL AMERICAN BLVD  
CITY-ST-ZIP ORLANDO, FL 32810TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE SECRETARY / DIRECTOR ☒ Change ☐ Addition  
NAME ROBERT HALL  
STREET ADDRESS 3409 W. PENNINGTON CT.  
CITY-ST-ZIP LACANTO, FL 34461TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jan 27, 2001 8:00 am**  
**Secretary of State**

01-27-2001 90075 049 \*\*\*\*61.25

00000731



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)