

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 756912

1. Entity Name

INDEPENDENT PAINT DEALERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

10049 DEEPWOODS DRIVE  
CRYSTAL RIVER FL 34428

10049 DEEPWOODS DRIVE  
CRYSTAL RIVER FL 34428-6442

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

59-1355309

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

FACCIOBENE, FRANK  
50 W LAURIE ST  
MELBOURNE FL

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 PD  
NAME ECCHER, JOSEPH  
STREET ADDRESS 10049 DEEPWOODS DR  
CITY-ST-ZIP CRYSTAL RIVER FL 34428 ☐ Delete

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

TITLE D  
NAME BUCHANAN, WILLIAM  
STREET ADDRESS 403 E. 11TH STREET  
CITY-ST-ZIP PANAMA CITY FL ☐ Delete

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

TITLE D  
NAME SMITH, JOEL R.  
STREET ADDRESS 3351 PLYMOUTH ST.  
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

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

TITLE D  
NAME FACCIOBENE, FRANK  
STREET ADDRESS 50 W LAURIE ST.  
CITY-ST-ZIP MELBOURNE, FL 00000 ☐ Delete

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

TITLE SD  
NAME MERRITT, CHARLES  
STREET ADDRESS 3870 N. DAVIS HWY  
CITY-ST-ZIP PENSACOLA FL ☐ Delete

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:

JOSEPH ECCHER, JR. / Joseph Eccher Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/2000 352-795-7697

Date

Daytime Phone #

CR2E037 (9/99)