

2002 UNIFORM BUSINESS REPORT (UBR)

0005436

DOCUMENT # **758577**

1. Entity Name

ASSOCIATED INDUSTRIES OF FLORIDA

FILED

02 FEB 19 PM 1:48

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**516 N ADAMS ST
P.O. BOX 784
TALLAHASSEE FL 32301
US**

**P. O. BOX 784
TALLAHASSEE FL 32302
US**

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

59-0148010

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

**SHEBEL, JON L
516 NORTH ADAMS STREET
TALLAHASSEE FL 32301**

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 **CD** ☐ Delete
NAME **KEESLER, ALLEN J JR**
STREET ADDRESS **1345 SNELL HARBOR DRIVE, N.E.**
CITY-ST-ZIP **ST PETERSBURG FL 33704-3033**

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

TITLE **P** ☐ Delete
NAME **SHEBEL, JON L**
STREET ADDRESS **516 N. ADAMS ST**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

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

TITLE **TSO** ☐ Delete
NAME **BOWDEN, TRAVIS J**
STREET ADDRESS **ONE ENERGY PLACE**
CITY-ST-ZIP **PENSACOLA FL 32520-0100**

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

TITLE **VD** ☐ Delete
NAME **WEST, ROBERT W**
STREET ADDRESS **2335 CAREFREE COVE**
CITY-ST-ZIP **TALLAHASSEE FL 32308-5777**

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

TITLE **D** ☐ Delete
NAME **LACHER, JOSEPH P**
STREET ADDRESS **150 W. FLAGLER ST., STE. 1901**
CITY-ST-ZIP **MIAMI FL 33130**

TITLE **VC** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VCD** ☒ Delete
NAME **WACKENHUT, RICHARD R**
STREET ADDRESS **4200 WACKENHUT DRIVE #100**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410-4243**

TITLE **D** ☐ Change ☒ Addition
NAME **Spearman, Guy M. III**
STREET ADDRESS **516 Delannoy Avenue**
CITY-ST-ZIP **Cocoa, FL 32922-7814**

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, without other like empowered.

Jon L. Shebel - President & CEO

SIGNATURE:

02-05-02

(850) 224-7173

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)