# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jan 22, 2001 8:00 am**
**Secretary of State**
01-22-2001 90104 017 ****61.25

0065977

DOCUMENT # 765721

1. Entity Name

AMERICAN REUSABLE TEXTILE ASSOCIATION INC.

| Principal Place of Business | Mailing Address |
|---|---|
| P O BOX 1073<br>LARGO FL 33779<br>US | 319 SHADOW MOSS CT<br>LAKELAND FL 33813<br>US |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| P.O. Box 1053 | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Mulberry, Fl | City & State |
| Zip: 33860 Country: USA | Zip Country |

4. FEI Number 59-2232026 ☐ 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 |
|---|---|
| CARROLL, WILLIAM J<br>319 SHADOW MOSS CT<br>LAKELAND FL 33813 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 William J. CARROLL William J. Carroll 01-09-01
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 | P<br>BUSHMAN, BRAD<br>ONE KNOLLCREST DR<br>CINCINNATI OH 45237 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Treasurer<br>Robert W. Hewett<br>P.O. Box 670<br>Wheaton IL 60189-0670 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>TUCKER, STEPHEN J<br>370 WABASHA ST N<br>ST PAUL MN 55102 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V.P.<br>Greg Gaetler<br>15475 S. LaSalle St.<br>South Holland IL 60473 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>TINGUE, BILL<br>535 N MIDLAND AVE<br>SADDLE BROOK NJ 07663 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CARROLL, WILLIAM J<br>319 SHADOW MOSS CT<br>LAKELAND FL 33813 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LITTLEJOHN, STAN<br>P.O. BOX 1658 N/A<br>SPATAUBURG SC 29304 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>Richard Moody<br>4001 Kennett Pike, Suite 134<br>Wilmington, DE 19807 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (10/00)

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: William J. Carroll 01-12-01 863-644-7477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #