

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY 16 PM 4:01

DOCUMENT # 765721

1. Entity Name

AMERICAN REUSABLE TEXTILE ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

89515

5/16/02 90051 018 61.25

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2. Principal Place of Business

P.O. BOX 1053

3. Mailing Address

2963 GULF TO BAY BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 267

City & State

MULBERRY, FL

City & State

CLEARWATER, FL

4. FEI Number

59-2232026

Applied For

Not Applicable

Zip
33860-1053

Country
USA

Zip
33759

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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7. Name and Address of Current Registered Agent

Name William J. Carroll

319 Shadow Moss CT

City Lakeland

FL

Zip Code
33813

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 & address.

(NOTE: Registered agent signature is required when re-registered)

DATE

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT BUSHMAN, BRAD ONE KNOLLCREST DRIVE CINCINNATI, OH 45237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FIRST VICE-PRESIDENT GURTLER, GREG 15475 S. LASALLE STREET SOUTH HOLLAND, MI 60473
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECOND VICE-PRESIDENT MOODY, RICHARD 4001 KENNETT PIKE, SUITE 134 WILMINGTON, DE 19807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER HEWETT, ROBERT P.O. BOX 670 WHEATON, IL 60189-0670
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR TINGUE, BILL 535 N. MIDLAND AVE. SADDLE BROOK, NJ 07663
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR CARROLL, BILL 303 HADDINGTON COURT ROCKHILL, SC

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IN THIS SPACE

CR2E037B (12/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29 April 2002 (630) 271-2412