

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767479

1. Entity Name

AMERICAN PRODUCTION AND INVENTORY CONTROL SOCIET

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90191 020 ****61.25

Principal Place of Business

Mailing Address

11311 LAKE KATHERINE CIRCLE
CLERMONT FL 34711
US

11311 LAKE KATHERINE CIRCLE
CLERMONT FL 34711-5009
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

59-2162296

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

VAN DUSEN, PHILIP
11311 LAKE KATHERINE CIRCLE
CLERMONT FL 34711

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	PV	<input type="checkbox"/> Delete
NAME	DARRINGTON, RICHARD	
STREET ADDRESS	P.O. BOX 163035	
CITY-ST-ZIP	ATATAMONTE SPRINGS FL 32716-3035	
TITLE	DP	<input type="checkbox"/> Delete
NAME	ERTELL, DEWEY	
STREET ADDRESS	2207 AVENUE D NORTHWEST	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BLACKBURN, RUSS	
STREET ADDRESS	826 BENTLEY GREEN CIRCLE	
CITY-ST-ZIP	WINTER SPRGS FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	VAN DUSEN, PHILIP	
STREET ADDRESS	11311 LAKE KATHERINE CIRCLE	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	FOLEY, JULIE	
STREET ADDRESS	389 COPPERSTONE	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Darrington, Richard	
STREET ADDRESS	3302 Arden Villas Blvd., 26	
CITY-ST-ZIP	Orlando, FL 32817	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Sherril	
STREET ADDRESS	1573 Matador Drive	
CITY-ST-ZIP	Gotha, FL 34734	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Philip Van Dusen **Philip Van Dusen** 1-21-00 (863) 965-2576

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)