

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000001025

1. Entity Name

AMERICAN CHAIN ASSOCIATION, INC.

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90026 020 *****61.25

0072414

Principal Place of Business

6724 LONE OAK BLVD.
NAPLES FL 34109

Mailing Address

6724 LONE OAK BLVD.
NAPLES FL 34109

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

36-2445395

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

REINFRIED, ROBERT A
4885 SHEARWATER LANE
NAPLES FL 34119

7. Name and Address of New Registered Agent

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

TITLE NAME ☒ Delete
P
SPEICE, BYRON D
STREET ADDRESS 402 KENTUCKY AVE.
CITY-ST-ZIP INDIANAPOLIS IN 46207

TITLE NAME ☒ Delete
V
LEPPER, HERB
STREET ADDRESS 220 SOUTH BELMONT AVE.
CITY-ST-ZIP INDIANAPOLIS IN 46222

TITLE NAME ☐ Delete
S
REINFRIED, ROBERT A
STREET ADDRESS 6724 LONE OAK BLVD.
CITY-ST-ZIP NAPLES FL 34109

TITLE NAME ☐ Delete
T
LAMB, JIM
STREET ADDRESS 1009 FIRST ST.
CITY-ST-ZIP FULTON IL 61252

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☒ Addition
V
FANNIN, DAN
STREET ADDRESS P.O. Box 687
CITY-ST-ZIP Maysville, ky 41056

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Change ☒ Addition
D
McLean, Neil
STREET ADDRESS 15151 SE Industrial Way
CITY-ST-ZIP Clackamas, OR 97015

TITLE NAME ☐ Change ☐ Addition
D
GROBSON, William
STREET ADDRESS 1088 Corregidor Road
CITY-ST-ZIP Dixon, IL 61021

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/29/01

941.514.3441

CR2E037 (10/00)