

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 21, 2002 8:00 am**
Secretary of State

01-21-2002 90058 035 ****61.25

DOCUMENT # F98000001025

1. Entity Name

AMERICAN CHAIN ASSOCIATION, INC.

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

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

**REINFRIED, ROBERT A
6724 LONE OAK BLVD.
NAPLES FL 34109****4303 INCE DOWE COURT**

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 \$61.259. 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 **P** ☐ Delete
NAME **FANNIN, DAN**
STREET ADDRESS **P O BOX 687**
CITY-ST-ZIP **MAYSVILLE KY 41056**TITLE **V** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **S** ☐ Delete
NAME **REINFRIED, ROBERT A**
STREET ADDRESS **6724 LONE OAK BLVD.**
CITY-ST-ZIP **NAPLES FL 34109**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **P** ☐ Delete
NAME **MCLEAN, NEIL**
STREET ADDRESS **15151 SE INDUSTRIAL WAY**
CITY-ST-ZIP **CLACKAMAS OR 97015**TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **WILLIAM, G**
STREET ADDRESS **1088 CORREDOR RD**
CITY-ST-ZIP **DIXON IL 61021**TITLE **Crowson, William R.** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **P** ☐ Change ☒ Addition
NAME **Lamb, James F.**
STREET ADDRESS **1009 1/2 First Street**
CITY-ST-ZIP **Fulton, IL 61252**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

REINFRIED, ROBERT A 1/8/12 941.514.3441

CR2E037 (9/01)