

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 16, 2001 8:00 am**  
**Secretary of State**

0000566

**DOCUMENT # N02021**

1. Entity Name

**FLORIDA MANUFACTURING AND CHEMICAL COUNCIL, INC.**

02-16-2001 90015 002 \*\*\*\*61.25

Principal Place of Business

Mailing Address

C/O NANCY D. STEPHENS  
 1311 EXECUTIVE CENTER DRIVE, SUITE 225  
 TALLAHASSEE FL 32301  
 US

C/O NANCY D. STEPHENS  
 1311 EXECUTIVE CENTER DRIVE, SUITE 225  
 TALLAHASSEE FL 32301  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2422852**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**STEPHENS, NANCY D,  
 1311 EXECUTIVE CENTER DRIVE  
 SUITE 225  
 TALLAHASSEE FL 32301**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **D VAN DUYN, BILL**  
 STREET ADDRESS **2051 N LANE AVE**  
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE  Change  Addition  
 NAME **PRESIDENT-ELECT, DIRECTOR CRAWFORD, BILL**  
 STREET ADDRESS **5005 STERLING WAY**  
 CITY-ST-ZIP **PACE FL 32571**

TITLE  Delete  
 NAME **STD CRAWFORD, BRAD**  
 STREET ADDRESS **2400 ELLIS RD**  
 CITY-ST-ZIP **DURHAM NC 27703**

TITLE  Change  Addition  
 NAME **PRESIDENT ROSEY, STAN**  
 STREET ADDRESS **PO BOX 300**  
 CITY-ST-ZIP **WHITE SPRINGS FL 32096**

TITLE  Delete  
 NAME **D EMERT, DON**  
 STREET ADDRESS **PO BOX 467**  
 CITY-ST-ZIP **CANTONMENT FL 32533**

TITLE  Change  Addition  
 NAME **DIRECTOR OCHSNEE, JOE**  
 STREET ADDRESS **PO BOX 97**  
 CITY-ST-ZIP **GONZALEZ FL 32560-0097**

TITLE  Delete  
 NAME **D MCINTIRE, JIM**  
 STREET ADDRESS **1300 WILSON BLVD**  
 CITY-ST-ZIP **ARLINGTON VA 22209**

TITLE  Change  Addition  
 NAME **DIRECTOR WILEY, JOHN**  
 STREET ADDRESS **PO BOX 97**  
 CITY-ST-ZIP **GONZALEZ FL 32560-0097**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME **DIRECTOR NICHOLS, SHEILA**  
 STREET ADDRESS **PO BOX 97**  
 CITY-ST-ZIP **GONZALEZ FL 32560-0097**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME **DIRECTOR WILLIS, JOHN**  
 STREET ADDRESS **3676 HARTSFIELD ROAD**  
 CITY-ST-ZIP **TALLAHASSEE FL 32303**

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:** **BRAD CRAWFORD**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/6/01 (919) 990-7540**  
 Day Daytime Phone #

CR2E037 (10/00)