

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02021

1. Entity Name

FLORIDA MANUFACTURING AND CHEMICAL COUNCIL, INC.

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

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

0000566

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

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

59-2422852

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

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

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

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

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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

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

CR2E037 (10/00)