

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

0006029

DOCUMENT # N02021

1. Entity Name

FLORIDA MANUFACTURING AND CHEMICAL COUNCIL, INC.

04-01-2002 90652 020 ****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

754582



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 **CRAWFORD, BILL**
STREET ADDRESS **5005 STERLING WAY**
CITY-ST-ZIP **PACE FL 32571**

TITLE ☒ Change ☐ Addition
NAME **Crawford, Bill**
STREET ADDRESS **5005 Sterling Way, Pace, FL 32571**

TITLE ☐ Delete
NAME **POSEY, STAN**
STREET ADDRESS **P. O. BOX 300**
CITY-ST-ZIP **WHITE SPRINGS FL 32098**

TITLE ☒ Change ☐ Addition
NAME **Posey, Stan**
STREET ADDRESS **PO Box 300, White Springs, FL 32098**

TITLE ☐ Delete
NAME **OCHSNER, JOE**
STREET ADDRESS **P.O. BOX 97**
CITY-ST-ZIP **GONZALEZ FL 32560-0097**

TITLE ☐ Change ☒ Addition
NAME **Emert, Don**
STREET ADDRESS **4575 Highway 90 East, Pace, FL 32571**

TITLE ☐ Delete
NAME **NICHOLS, SHEILA**
STREET ADDRESS **P. O. BOX 97**
CITY-ST-ZIP **GONZALEZ FL 32560-0097**

TITLE ☐ Change ☒ Addition
NAME **Frain, Rick**
STREET ADDRESS **PO Box 550850, Jacksonville FL 32246**

TITLE ☒ Delete
NAME **WILLIS, JOHN**
STREET ADDRESS **3676 HARTSFIELD ROAD**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE ☐ Change ☒ Addition
NAME **Underwood, Rudy**
STREET ADDRESS **225 Town Park Drive, Suite 360**
CITY-ST-ZIP **Kennesaw, GA 30144**

TITLE ☒ Delete
NAME **WILEY, JOHN**
STREET ADDRESS **P. O. BOX 97**
CITY-ST-ZIP **GONZALEZ FL 32560-0097**

TITLE ☐ Change ☒ Addition
NAME **Fox, Bob**
STREET ADDRESS **3012 Highway 301 North, Suite 700**
CITY-ST-ZIP **Tampa, FL 33619**

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

2/18/02

Date

Daytime Phone #

CR2E037 (9/01)