

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-22-2002 90171 024 ****70.00

DOCUMENT # N03752

1. Entity Name

SOUTHEAST GLASS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

PO BOX 950368
 LAKE MARY FL 32746
 US

P O BOX 950368
 LAKE MARY FL 32746
 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

59-2430769

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

SUMMERS, GARY
WILLIAM, SMITH AND SUMMERS, PA
380 W ALFRED ST
TAVARES FL 32778-3208

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 **P** ☐ Delete
 NAME **CARSON, WILLIAM B**
 STREET ADDRESS **781 PICKFAIR TERRACE**
 CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE ☐ Change ☐ Addition
 NAME **STAYING**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **CBD** ☐ Delete
 NAME **HANSEN, CHRIS**
 STREET ADDRESS **1161 SUN CENTURY RD SUITE 1**
 CITY-ST-ZIP **NAPLES FL 34110**

TITLE ☒ Change ☐ Addition
 NAME **Immediate Past President**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **DOWNS, TERRY**
 STREET ADDRESS **1100 SOUTH RIO GRANDE AVE**
 CITY-ST-ZIP **ORLANDO FL 32805**

TITLE **D** ☐ Change ☒ Addition
 NAME **Woody Waters V.C.**
 STREET ADDRESS **3901 N. PALM FOX ST**
 CITY-ST-ZIP **PENSACOLA, FL 32523**

TITLE **VC** ☐ Delete
 NAME **HOLOWICKI, DICK**
 STREET ADDRESS **6600 NW 14TH STREET #10**
 CITY-ST-ZIP **PLANTATION FL 33313**

TITLE ☒ Change ☐ Addition
 NAME **CHAIRMAN OF THE**
 STREET ADDRESS **Board**
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **GUNN, KEVIN**
 STREET ADDRESS **21 N LOXAHATCHEE DR**
 CITY-ST-ZIP **JUPITER FL 33458**

TITLE **D** ☐ Change ☒ Addition
 NAME **JEFF MILLON**
 STREET ADDRESS **1631 S. NOVA RD.**
 CITY-ST-ZIP **SOUTH DARTMOUTH, FL 32119**

TITLE **D** ☒ Delete
 NAME **TRIMBLE, TIM**
 STREET ADDRESS **6600 SUEMAC PLACE**
 CITY-ST-ZIP **JACKSONVILLE FL 32254-2773**

TITLE **D** ☐ Change ☒ Addition
 NAME **BOB KUHN**
 STREET ADDRESS **305 PALMOTTA AVE**
 CITY-ST-ZIP **SANFORD, FL 32771**

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

4/11/02 4073307166

Date

Daytime Phone #

CR2E037 (9/01)