

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2002 8:00 am
Secretary of State

08-04-2002 90158 032 ****61.25

DOCUMENT # N19030

1. Entity Name

NORTH FLORIDA MACHINE TRADES APPRENTICESHIP COUNCIL, INC.

Principal Place of Business

**4007 ST AUGUSTINE RD
 JACKSONVILLE FL 32207**

Mailing Address

**4007 ST AUGUSTINE RD
 JACKSONVILLE FL 32207**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 600863

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32260

Country

St Johns

4. FEI Number

59-2767898

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**DONNELLY, CAROL WIND
 220 EAST FORSYTH STREET
 JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
 min. will be \$236.25.**

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

TITLE **PCD** ☐ Delete
 NAME **BAHR, RALPH A.**
 STREET ADDRESS **11467 SCOTT MILL RD.**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **VD** ☐ Delete
 NAME **HEILMAN, ROBERT**
 STREET ADDRESS **7732 LISA DR.**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **SD** ☐ Delete
 NAME **SCHUSTER, CHERIE**
 STREET ADDRESS **433 FRUIT COVE RD.**
 CITY-ST-ZIP **JACKSONVILLE FL 32259**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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CR2E037 (4/02)

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 REQUIRED

Ralph A. Bahr