

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90344 034 ****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

**PO BOX 600863
JACKSONVILLE FL 32260**

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 **59-2767898**

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

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

**DELEYE
DECEASED**

Name

RALPH A. BAHR

Street Address (P.O. Box Number is Not Acceptable)

11467 SCOTT MILL RD

City

JACKSONVILLE

FL

Zip Code

32223

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

Ralph A. Bahr

JAN 21 03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE **D** ☐ Change ☐ Addition
NAME **BRICE R. HOLLADAY**
STREET ADDRESS **741 OLD HICKORY RD.**
CITY-ST-ZIP **JACKSONVILLE, FL 32207**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

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

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:

Ralph A. Bahr

RALPH A. BAHR

CR2E037 (10/02)