

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23913

1. Entity Name

ALUMINUM ASSOCIATION OF FLORIDA, MANATEE-SARASOT  
A CHAPTER, INC.

Principal Place of Business

Mailing Address

1650 S DIXIE HIGHWAY  
SUITE 500  
BOCA RATON FL 33432  
US

1650 S DIXIE HIGHWAY  
SUITE 500  
BOCA RATON FL 33432  
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

58-7360060

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

~~MCMULLEN, JIM~~ Saunders, Paul  
1650 S DIXIE HIGHWAY  
SUITE 500  
BOCA RATON FL 33432

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

PAUL E. SAUNDERS

Paul E. Saunders

5/15/02

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 ~~PD~~  
NAME KOHLENBERG, GLENN  
STREET ADDRESS 108-A CORPORATION WAY  
CITY-ST-ZIP VENICE FL 34292 ☐ Delete

TITLE ~~TD~~  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE ~~VD~~  
NAME SYLVESTER, KEITH  
STREET ADDRESS 1101 67TH AVE TER W  
CITY-ST-ZIP BRADENTON FL 34207 ☐ Delete

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

TITLE ~~SB~~  
NAME NOLES, VANCE  
STREET ADDRESS 4523-B 30TH ST W  
CITY-ST-ZIP BRADENTON FL 34207 ☐ Delete

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

TITLE ~~TB~~  
NAME WHITE, LARRY  
STREET ADDRESS P.O. BOX 20515  
CITY-ST-ZIP BRADENTON FL 34203 ☐ Delete

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

TITLE ~~MD~~  
NAME ~~MCMULLEN, JIM~~ SAUNDERS, PAUL  
STREET ADDRESS 1650 S DIXIE HIGHWAY, SUITE 500  
CITY-ST-ZIP BOCA RATON FL 33432 ☒ Delete

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

TITLE ~~ST~~  
NAME MEYER, JOHN  
STREET ADDRESS 1575 CATTLEMAN RD., #UNIT-2  
CITY-ST-ZIP SARASOTA FL 34232-6259 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02

Date

Daytime Phone #

87560

DO NOT WRITE IN THIS SPACE



CR2E037 (9/01)