

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N29858**

1. Entity Name

**ALUMINUM ASSOCIATION OF FLORIDA, NORTH CENTRAL FLORIDA CHAPTER, INC.**

Principal Place of Business

Mailing Address

1650 S DIXIE HIGHWAY  
SUITE 500-  
BOCA RATON FL 33432  
US1650 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 &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-2912064

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

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

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STD  
MEYER, DAVID  
3500 NW 97 BLVD UNIT D  
GAINESVILLE FL ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
HOLMBERG, CARL  
RT 2, BOX 4045 US 27 NW  
FORT WHITE FL 32038 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MD  
MCMULLEN, JIM  
1650 S DIXIE HIGHWAY, SUITE 500  
BOCA RATON FL 33432 ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MD  
Paul Saunders  
1650 S DIXIE HWY Suite 500  
Boca Raton, FL 33432 ☐ Change ☒ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
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

Date

Daytime Phone #

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

05-05-2002 90035 001 \*\*\*840.00

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DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)