

FILED
May 14, 2003 8:00 am
Secretary of State

04-21-2003 90390 021 ****70.00

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

DOCUMENT # **N29858**

1. Entity Name

**ALUMINUM ASSOCIATION OF FLORIDA, NORTH CENTRAL F
LORIDA 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**

55040821



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-2912064**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

SIGNATURE

Signature, typed or printed name of registered agent and fee 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

TITLE **STD** ☒ Delete
NAME **MEYER, DAVID**
STREET ADDRESS **3500 NW 97 BLVD UNIT D**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **PD** ☐ Delete
NAME **HOLMBERG, CARL**
STREET ADDRESS **RT 2, BOX 4045 US 27 NW**
CITY-ST-ZIP **FORT WHITE FL 32038**

TITLE **MD** ☐ Delete
NAME **SAUNDERS, PAUL**
STREET ADDRESS **1650 S DIXIE HWY SUITE 500**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **STD** ☐ Delete
NAME **KOHLBERG, GLEN**
STREET ADDRESS **1650 S DIXIE HWY, STE 500**
CITY-ST-ZIP **BOCA RATON, FL 33432**

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
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **KOHLBERG, GLEN**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-03

Date

(561) 362-9019

Daytime Phone #

CR2007 (10/02)