

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N35468

1. Entity Name

ARCHITECTURAL MANUFACTURERS ASSOCIATION OF FLORI

Principal Place of Business

Mailing Address

1194 AZORA DR
SUITE 10
DELTONA FL 32725
US

1194 AZORA DR
SUITE 10
DELTONA FL 32725-6545
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

59-2972885

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

BRADDY, DENNIS K
1194 AZORA DR
SUITE 10
DELTONA FL 32725

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 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 P ☐ Delete
NAME BRAATZ, BOB
STREET ADDRESS 1194 AZORA DR. - SUITE 10
CITY-ST-ZIP DELTONA FL 32725

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

TITLE VP ☒ Delete
NAME LUSCOMBE, JOHN
STREET ADDRESS 1194 AZORA DR. - SUITE 10
CITY-ST-ZIP DELTONA FL 32725

TITLE ☐ Change ☒ Addition
NAME THE TREASURER
STREET ADDRESS Robert Hampson
CITY-ST-ZIP 603 Central Florida Pkwy - Suite 101
Orlando, FL 32824

TITLE SD ☐ Delete
NAME KOSHERSKY, BOB
STREET ADDRESS 1194 AZORA DR. - SUITE 10
CITY-ST-ZIP DELTONA FL 32725

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

TITLE TD ☐ Delete
NAME BRADLEY, RICHARD
STREET ADDRESS 1194 AZORA DR. - SUITE 10
CITY-ST-ZIP DELTONA FL 32725

TITLE ☒ Change ☐ Addition
NAME Vice President
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BRADDY, DENNIS K
STREET ADDRESS 1194 AZORA DR. - SUITE 10
CITY-ST-ZIP DELTONA FL 32725

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

TITLE ☐ Delete
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:

DENNIS K BRADDY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-00 407-860-3426

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90115 027 ****61.25



DO NOT WRITE IN THIS SPACE