

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 16, 2001 8:00 am  
Secretary of State

04-16-2001 90263 033 \*\*\*\*61.25

DOCUMENT # N35468

1. Entity Name

ARCHITECTURAL MANUFACTURERS ASSOCIATION OF FLORI

Principal Place of Business

1194 AZORA DR  
SUITE 10  
DELTONA FL 32725  
US

Mailing Address

1194 AZORA DR  
SUITE 10  
DELTONA FL 32725  
US

2. Principal Place of Business

2432 Orchard Dr.

3. Mailing Address

2432 Orchard Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Apopka FL

City & State

Apopka FL

Zip

32712

Country

USA

Zip

32712

Country

USA

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

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

7. Name and Address of New Registered Agent

Name

Brady, Dennis K.

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

2432 Orchard Dr.

City

Apopka

FL

Zip Code

32712

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]*

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

(NOTE: Registered Agent signature required when reinstating)

1-18-01

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

TITLE P ☐ Delete

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

TITLE T ☐ Delete

NAME HAMPSON, ROBERT  
STREET ADDRESS 603 CENTRAL FLORIDA PKWY-SUITE 101  
CITY-ST-ZIP ORLANDO FL 32824

TITLE SD ☒ Delete

NAME KOSHESKY, BOB  
STREET ADDRESS 1194 AZORA DR. - SUITE 10  
CITY-ST-ZIP DELTONA FL 32725

TITLE VP ☒ Delete

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

TITLE D ☐ Delete

NAME BRADY, DENNIS K  
STREET ADDRESS 1194 AZORA DR. - SUITE 10  
CITY-ST-ZIP DELTONA FL 32725

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition

NAME P.O. Box 1119  
STREET ADDRESS Jasper, FL 32052  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME ~~BRADY, DENNIS K~~  
STREET ADDRESS ~~1194 AZORA DR. - SUITE 10~~  
CITY-ST-ZIP ~~DELTONA FL 32725~~

TITLE ☒ Change ☒ Addition

NAME LARRY PURVIS  
STREET ADDRESS 120 E. 1st St. Dr.  
CITY-ST-ZIP FT. WALTER FL 32547

TITLE ☐ Change ☒ Addition

NAME NEAL RICHARDS  
STREET ADDRESS 2432 Orchard Dr.  
CITY-ST-ZIP 401 N. REUS ST  
PENSACOLA, FL 32501

TITLE ☒ Change ☐ Addition

NAME 2432 Orchard Dr.  
STREET ADDRESS Apopka, FL 32712  
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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-18-01 407-889-3320

Date Daytime Phone #

CR2E037 (10/00)