

2004 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

007423

DOCUMENT # N35468

1. Entity Name

ARCHITECTURAL MANUFACTURERS ASSOCIATION OF FLORIDA, INCORPORATED



Principal Place of Business

2432 ORCHARD DRIVE
APOPKA FL 32712
US

Mailing Address

2432 ORCHARD DRIVE
APOPKA FL 32712
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

BRADY, DENNIS K
2432 ORCHARD DRIVE
APOPKA FL 32712

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-15-04

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	P	BRADLEY, RICHARD	<input checked="" type="checkbox"/> Delete
NAME		5520 INDUSTRIAL BLVD.	
STREET ADDRESS		MILTON FL 32583	
CITY-ST-ZIP			
TITLE	V	HAMPSON, ROBERT	<input checked="" type="checkbox"/> Delete
NAME		603 CENTRAL FLORIDA PKWY-SUITE 101	
STREET ADDRESS		ORLANDO FL 32824	
CITY-ST-ZIP			
TITLE	ST	PURVIS, LARRY	<input checked="" type="checkbox"/> Delete
NAME		120 ELDRIDGE DR	
STREET ADDRESS		FORT WALTON BEACH FL 32547	
CITY-ST-ZIP			
TITLE	T	OLMSTEAD, DAVE	<input type="checkbox"/> Delete
NAME		1070 TECHNOLOGY DR.	
STREET ADDRESS		NOKOMIS FL 34274	
CITY-ST-ZIP			
TITLE	D	BRADY, DENNIS K	<input type="checkbox"/> Delete
NAME		2432 ORCHARD DR	
STREET ADDRESS		APOPKA FL 32712	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Robert Braatz / President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	4000 NW 110th Dr		
STREET ADDRESS	Jasper, FL 32052		
CITY-ST-ZIP			
TITLE	V.P. Robert Temple	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	P.O. Box 5001		
STREET ADDRESS	Greenwood, SC 29649		
CITY-ST-ZIP			
TITLE	Secretary	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CARL DRIVER		
STREET ADDRESS	8105 Anderson Rd. P.O. Box 15436		
CITY-ST-ZIP	Tampa FL 33684		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-04

407-889-3320

CR2E037 (10/02)

FILED
04 APR 22 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
66415688



☐ CHECK HERE IF MAKING CHANGES