

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46675

1. Entity Name

FLORIDA ASSOCIATION FOR TECHNICAL AND INDUSTRIAL

FILED

Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90068 011 ****61.25

Principal Place of Business

~~TIM W. MAXWELL
10205 PRATT & WHITNEY RD.
PORT ST. LUCIE FL 34953
US~~

Mailing Address

~~1533 SW DYCUS AVE
PORT ST LUCIE FL 34953-5252
US~~

2. Principal Place of Business

~~6. HOVE CLARY
Suite, Apt. #, etc.
1818 BUCCANEER DR~~

3. Mailing Address

~~PO BOX 20615
Suite, Apt. #, etc.~~

~~City & State
SARASOTA FL~~

~~City & State
SARASOTA FL~~

4. FEI Number
59-3100454

Applied For
Not Applicable

~~Zip
34231~~

~~Country
USA~~

~~Zip
34276-3615~~

~~Country
USA~~

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~MAXWELL, TIM
10205 PRATT & WHITNEY RD.
STUART FL 34997~~

7. Name and Address of New Registered Agent

Name
G. HOVE CLARY
Street Address (P.O. Box Number is Not Acceptable)
1818 BUCCANEER DR
City
SARASOTA FL Zip Code
34231

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 *G. Hove Clary*

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

(NOTE: Registered Agent signature required when reinstating)

2/24/00
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 NAME STREET ADDRESS CITY-ST-ZIP	P MAXWELL, TIM 1533 SW DYCUS AVE PORT ST LUCIE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLARY, HOVE 1818 BUCCANEER DRIVE SARASOTA FL 34231	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSTM MAXWELL, SANDRA 1533 SW DYCUS AVENUE PORT ST LUCIE FL 34953	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUCASSEN, JOHNNIE C/O GEORGE STONE VOC. TECH CENTER PENSACOLA FL 32507	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TONYA MUSGOVE SCTI 4748 BONEVA RD SARASOTA FL 34232	<input type="checkbox"/> Delete ADD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOB USEFOF 600 SE. 3RD AVE 11TH FLOOR FT LAUDERDALE FL 33301	<input type="checkbox"/> Delete ADD

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOB HUTTER 111 S.W. 8TH AVE. BOYNTON BEACH FL 33435	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANNY BURNS 7450 WILSON BLVD JACKSONVILLE FL 32210	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *G. Hove Clary*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/00
Date

941-924-1365 x 356
Daytime Phone #

CR2E037 (9/99)