

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000062420

1. Entity Name

FLORIDA FREE TRADE ZONES ASSOCIATION, INC.

Principal Place of Business

CANAVERAL PORT AUTHORITY
200 GEORGE KING BLVD
CAPE CANAVERAL FL 32920
US

Mailing Address

CANAVERAL PORT AUTHORITY
PO BOX 267
CAPE CANAVERAL FL 32920
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

58-1209849

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COSSEY, SUSAN A
CANAVERAL PORT AUTHORITY
200 GEORGE KING BLVD
CAPE CANAVERAL FL 32920

7. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAUER, DICK 43 N KROME AVENUE HOMESTEAD FL 33030	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COSSEY, SUSAN PO BOX 267, 200 GEORGE KING BLVD CAPE CANAVERAL FL 32921	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, LINDA 4101 LINDY CIR ORLANDO FL 32827	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLAYTOR, DEBORAH 2831 TALLEYRAND AVE. JACKSONVILLE FL 32206-3496	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERRY, TOMMY 2104 WEST 23RD STREET PANAMA CITY FL 32405	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOPPING, CLIFF PO BOX 420 TAMPA FL 33601	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ELAINE BISPO 14010 ROOSEVELT BLVD. Suite 704 CLEARWATER, FL 33762	<input checked="" 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
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:

Susan A. Cossey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90045 037 ****61.25

530065



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)