

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90063 013 ****61.25

DOCUMENT # N94000002420

1. Entity Name

FLORIDA FREE TRADE ZONES ASSOCIATION, INC.

Principal Place of Business

Mailing Address

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

**CANAVERAL PORT AUTHORITY
 PO BOX 267
 CAPE CANAVERAL FL 32920
 US**

00002738



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-1209849

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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 **BISPO, ELAINE**
 STREET ADDRESS **14010 ROOSEVELT BOULEVARD, STE. #704**
 CITY-ST-ZIP **CLEARWATER FL 33762**

TITLE **P** ☐ Change ☒ Addition
 NAME **ROBERT JACOB**
 STREET ADDRESS **1850 ELLER DR.**
 CITY-ST-ZIP **FT. LAUDERDALE, FL 33316**

TITLE **D** ☐ Delete
 NAME **COSSEY, SUSAN**
 STREET ADDRESS **PO BOX 267, 200 GEORGE KING BLVD**
 CITY-ST-ZIP **CAPE CANAVERAL FL 32921**

TITLE **D** ☐ Change ☒ Addition
 NAME **ELAINE SMALLING**
 STREET ADDRESS **14700 TERMINAL BLVD, Suite 221**
 CITY-ST-ZIP **CLEARWATER, FL 33762**

TITLE **D** ☒ Delete
 NAME **SMITH, LINDA**
 STREET ADDRESS **4101 LINDY CIR**
 CITY-ST-ZIP **ORLANDO FL 32827**

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

TITLE **D** ☐ Delete
 NAME **CLAYTOR, DEBORAH**
 STREET ADDRESS **2831 TALLEYRAND AVE.**
 CITY-ST-ZIP **JACKSONVILLE FL 32206-3496**

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

TITLE **D** ☒ Delete
 NAME **BERRY, TOMMY**
 STREET ADDRESS **2104 WEST 23RD STREET**
 CITY-ST-ZIP **PANAMA CITY FL 32405**

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

TITLE **D** ☒ Delete
 NAME **TOPPING, CLIFF**
 STREET ADDRESS **PO BOX 420**
 CITY-ST-ZIP **TAMPA FL 33601**

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:

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

Date

1/7/02 321-783-7831
 Daytime Phone #

CR2E037 (9/01)