

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002280

1. Entity Name

ASSOCIATED INDUSTRIES OF FLORIDA TRAINING AND ED

Principal Place of Business

516 NORTH ADAMS STREET  
TALLAHASSEE FL 32301

Mailing Address

P.O. BOX 784  
TALLAHASSEE FL 32302

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3247261

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SHEBEL, JON L  
516 NORTH ADAMS STREET  
TALLAHASSEE FL 32301

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 CD ☐ Delete  
NAME WEST, ROBERT W  
STREET ADDRESS 3082 WATERFORD DRIVE  
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE PD ☐ Delete  
NAME SHEBEL, JON L  
STREET ADDRESS 516 NORTH ADAMS STREET  
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE VTD ☐ Delete  
NAME YON, DAVID P  
STREET ADDRESS 516 NORTH ADAMS STREET  
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2335 Carefree Cove  
CITY-ST-ZIP 32308

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

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

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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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: Jon L. Shebel - President & CEO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-22-01 (850) 224-7173

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)