

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004557

1. Entity Name

THE MANUFACTURING LEADERSHIP COUNCIL, INC.

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90191 012 \*\*\*\*61.25

Principal Place of Business

3 BLOCKHOUSE COURT  
ORMOND BEACH FL 32174-3020

Mailing Address

3 BLOCKHOUSE COURT  
ORMOND BEACH FL 32174-3020

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

59-3409907

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

FIFER, LOU  
3 BLOCKHOUSE COURT  
ORMOND BEACH FL 32174

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 ☒ Delete  
NAME ~~LENZ, ERIC~~  
STREET ADDRESS ~~400 MARION ST~~  
CITY-ST-ZIP ~~DAYTONA BEACH FL 32117~~

TITLE ☐ Change ☒ Addition  
NAME Mike Myers  
STREET ADDRESS 100 Whaler Way  
CITY-ST-ZIP Edgewater, FL 32141

TITLE ☐ Delete  
NAME ~~MCCRACK, MARK~~  
STREET ADDRESS ~~40 SOUTHLAND ROAD~~  
CITY-ST-ZIP ~~ORMOND BEACH FL 32174~~

TITLE ☒ Change ☐ Addition  
NAME MC GRANE, MARK  
STREET ADDRESS 12 Southland Road  
CITY-ST-ZIP Ormond Beach, FL 32174

TITLE ☐ Delete  
NAME D  
STREET ADDRESS CLARE, PAUL  
CITY-ST-ZIP 1327 N HIGHWAY 1  
ORMOND BEACH FL 32174

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

TITLE ☒ Delete  
NAME ~~QUKEEFE, SHAN~~  
STREET ADDRESS ~~4071 MASON AVE~~  
CITY-ST-ZIP ~~DAYTONA BEACH FL 32117~~

TITLE ☐ Change ☒ Addition  
NAME D  
STREET ADDRESS VOLIMAR, MIKE  
CITY-ST-ZIP 9 Aviator Way  
Ormond Beach, FL 32174

TITLE ☒ Delete  
NAME ~~JOHNSON, DOUGLAS~~  
STREET ADDRESS ~~5012 JOHNSON LAKE RD~~  
CITY-ST-ZIP ~~DE LEON SPRINGS FL 32110~~

TITLE ☐ Change ☒ Addition  
NAME D  
STREET ADDRESS JEFF GODBEY  
CITY-ST-ZIP 1750 Filter Drive  
DeLand, FL 32724

TITLE ☐ Delete  
NAME PTD  
STREET ADDRESS FIFER, LOU  
CITY-ST-ZIP 3 BLOCKHOUSE  
ORMOND BEACH FL 32174

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: **SIGNATURE REQUIRED**

5/1/01

386  
5/1/01  
904/673-0505

CR2E037 (10/00)