

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91225 042 ****61.25

DOCUMENT # N96000004557

1. Entity Name

THE MANUFACTURING LEADERSHIP COUNCIL, INC.

Principal Place of Business

Mailing Address

**3 BLOCKHOUSE COURT
 ORMOND BEACH FL 32174-3020**

**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 **L. J. Fifer, Lou Fifer, Louis J. Fifer**

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

4/29/02

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 **D MYERS, MIKE**
 STREET ADDRESS **100 WHALER WAY**
 CITY-ST-ZIP **EDGEWATER FL 32141**

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

TITLE ☐ Delete
 NAME **C MCGRANE, MARK**
 STREET ADDRESS **12 SOUTHLAND ROAD**
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

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

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

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

TITLE ☐ Delete
 NAME **D VOLMAR, MIKE**
 STREET ADDRESS **6 AVIATOR WAY**
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE ☒ Change ☒ Addition
 NAME **D Robert Keesecker**
 STREET ADDRESS **308 Old County Road**
 CITY-ST-ZIP **Edgewater, FL 32132**

TITLE ☐ Delete
 NAME **D GODBEY, JEFF**
 STREET ADDRESS **1750 FILTER DRIVE**
 CITY-ST-ZIP **DELAND FL 32724**

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

TITLE ☐ Delete
 NAME **PTD FIFER, LOU**
 STREET ADDRESS **3 BLOCKHOUSE**
 CITY-ST-ZIP **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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

Date

386/673-0505

Daytime Phone #

CR2E037 (9/01)