


06-12-2003 90006 034 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N96000004557					
1. Entry Name THE MANUFACTURING LEADERSHIP COUNCIL, INC.					
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		4. FEI Number 59-3409907	
				Applied For <input type="checkbox"/> Not Applicable	
5. Name and Address of Current Registered Agent FIFER, LOU 3 BLOCKHOUSE COURT ORMOND BEACH FL 32174-3020				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and the filer (if applicable). (NOTE: Registered Agent signature required when re-electing)</small>					
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MYERS, MIKE		NAME		
STREET ADDRESS	100 WHALER WAY		STREET ADDRESS		
CITY-ST-ZIP	EDGEWATER FL 32141		CITY-ST-ZIP		
TITLE	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MOGRANE, MARK		NAME		
STREET ADDRESS	12 SOUTHLAND ROAD		STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL 32174		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CLARE, PAUL		NAME	Carroll, Thomas	
STREET ADDRESS	1327 N HIGHWAY 1		STREET ADDRESS	1750 Pilter Drive	
CITY-ST-ZIP	ORMOND BEACH FL 32174		CITY-ST-ZIP	DeLand, FL 32724	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KEESECKER, ROBERT		NAME	Heckler, Robert	
STREET ADDRESS	308 OLD COUNTY ROAD		STREET ADDRESS	308 Old County Road	
CITY-ST-ZIP	EDGEWATER FL 32132		CITY-ST-ZIP	Edgewater, FL 32132	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GOBBEY, JEFF		NAME	Burga, William	
STREET ADDRESS	1750 FILTER DRIVE		STREET ADDRESS	2 East Tower Circle	
CITY-ST-ZIP	DELAND FL 32724		CITY-ST-ZIP	Ormond Beach, FL 32174	
TITLE	PTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FIFER, LOU		NAME		
STREET ADDRESS	3 BLOCKHOUSE		STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL 32174		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 of the corporation 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: LOU FIFER		Date: 6/1/03		Daytime Phone #: 386/673-0505	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

CR2ED07 (10/02)