

AMENDED

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

09-10-2003 90061037 *****61.25
N96000004557

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DOCUMENT # N96000004557

1. Entity Name

THE MANUFACTURING LEADERSHIP COUNCIL, INC.



03 SEP 15 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



☒ CHECK HERE IF MAKING CHANGES

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 -3020

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

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
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MYERS, MIKE	
STREET ADDRESS	100 WHALER WAY	
CITY-ST-ZIP	EDGEWATER FL 32141	
TITLE	C	<input type="checkbox"/> Delete
NAME	MCGRANE, MARK	
STREET ADDRESS	12 SOUTHLAND ROAD	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLARE, PAUL	
STREET ADDRESS	4327 N. HIGHWAY 1	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	D	<input type="checkbox"/> Delete
NAME	KEESECKER, ROBERT	
STREET ADDRESS	600 OLD COUNTY ROAD	
CITY-ST-ZIP	EDGEWATER FL 32142	
TITLE	D	<input type="checkbox"/> Delete
NAME	GODBEY, JEFF	
STREET ADDRESS	4760 FILTER DRIVE	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	FIFER, LOU	
STREET ADDRESS	3 BLOCKHOUSE	
CITY-ST-ZIP	ORMOND BEACH FL 32174	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERRY SPERBER	
STREET ADDRESS	225 Fentress Blvd.	
CITY-ST-ZIP	Daytona Beach, FL 32114	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARK WALLACE	
STREET ADDRESS	2010 N. International Speedway Blvd	
CITY-ST-ZIP	Daytona, FL 32724	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARK MADORE	
STREET ADDRESS	5612 Johnson Lake Road	
CITY-ST-ZIP	DeLeon Springs, FL 32130	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HECHLER, ROBERT	
STREET ADDRESS	308 Old County County Road	
CITY-ST-ZIP	Edgewater, FL 32132	

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 alike empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
L.J. FIFER 9/1/03

Date

Daytime Phone #

CR2E037 (4/03)