

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001461

1. Entity Name

FLORIDA KNIFEMAKERS ASSOCIATION, INC.

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90096 020 \*\*\*\*66.25

Principal Place of Business

Mailing Address

6931 MANOR BEACH ROAD  
NEW PORT RICHEY FL 34652

6931 MANOR BEACH ROAD  
NEW PORT RICHEY FL 34652-1515

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

BRAY, W L JR  
6931 MANOR BEACH ROAD  
NEW PORT RICHEY FL 34652

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	VD	<input type="checkbox"/> Delete
NAME	GAMBLE, ROGER	
STREET ADDRESS	2801 65TH WAY N	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BRAY, LOWELL MR	
STREET ADDRESS	6931 MANOR BEACH ROAD	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WATSON, TOM MR	
STREET ADDRESS	1103 BRENDAU TERRACE	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	D	<input type="checkbox"/> Delete
NAME	MINK, DAN	
STREET ADDRESS	196 SAGE CIRCLE	
CITY-ST-ZIP	CRYSTAL BEACH FL 34681	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HEITLER, HENRY MR	
STREET ADDRESS	8106 NORTH ALBANY	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ernie Grospitch	
STREET ADDRESS	18440 Amityville Street	
CITY-ST-ZIP	Orlando, FL 32820	
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		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Lowell Bray Jr.* (W. Lowell Bray Jr.) 1/6/00 727-847-8128  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #