

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001461

1. Entity Name

FLORIDA KNIFEMAKERS ASSOCIATION, INC.

**FILED**  
Feb 13, 2001 8:00 am  
Secretary of State

02-13-2001 90009 048 \*\*\*\*61.25

0079862

Principal Place of Business

6931 MANOR BEACH ROAD  
NEW PORT RICHEY FL 34652

Mailing Address

6931 MANOR BEACH ROAD  
NEW PORT RICHEY FL 34652

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

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.

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  
NAME: GAMBLE, ROGER  
STREET ADDRESS: 2801 65TH WAY N  
CITY-ST-ZIP: ST. PETERSBURG FL 33710 ☒ Delete

TITLE: PD  
NAME: BRAY, LOWELL MR  
STREET ADDRESS: 6931 MANOR BEACH ROAD  
CITY-ST-ZIP: NEW PORT RICHEY FL 34652 ☐ Delete

TITLE: SD  
NAME: GROSPITAH, ERNIE  
STREET ADDRESS: 18440 AMITYVILLE ST  
CITY-ST-ZIP: ORLANDO FL 32820 ☐ Delete

TITLE: D  
NAME: MINK, DAN  
STREET ADDRESS: 196 SAGE CIRCLE  
CITY-ST-ZIP: CRYSTAL BEACH FL 34681 ☐ Delete

TITLE: TD  
NAME: HEITLER, HENRY MR  
STREET ADDRESS: 8106 NORTH ALBANY  
CITY-ST-ZIP: TAMPA FL 33604 ☐ Delete

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: D  
NAME: Piergallini, Dan  
STREET ADDRESS: 4011 N. Forbes Rd  
CITY-ST-ZIP: Plant City, FL 33565-4945 ☒ Change ☐ Addition

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

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

TITLE: VP  
NAME: Mink, Dan  
STREET ADDRESS: 196 Sage Circle  
CITY-ST-ZIP: Crystal Beach FL 34681 ☒ Change ☐ Addition

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

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:

*W. L. Bray*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/16/01

Date

727-842-8128

Daytime Phone #

CR2E037 (10/00)