

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002046

1. Entity Name

MANASOTA AIR CONDITIONING CONTRACTORS ASSOCIATIO

Principal Place of Business

P O BOX 519
ONECO FL 34264

Mailing Address

P O BOX 519
ONECO FL 34264

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

65-0112727

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

STEHLER, PAUL
2212 WHITFIELD PARK LOOP
SARASOTA FL 34243

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE STD
NAME KURTZ, GARY
STREET ADDRESS 601 SIMMONS AVENUE
CITY-ST-ZIP SARASOTA FL 34232 ☐ Delete

TITLE VPD
NAME KURTZ, GARY
STREET ADDRESS 601 SIMMONS AVE
CITY-ST-ZIP SARASOTA, FL 34232 ☒ Change ☐ Addition

TITLE VPD
NAME JORGENSEN, SCOTT
STREET ADDRESS 7110 32 AVE E
CITY-ST-ZIP BRADENTON FL 34208 ☒ Delete

TITLE STD
NAME ZEPPI, MICHAEL A.
STREET ADDRESS 2417 AVE B
CITY-ST-ZIP BRADENTON, FL 34217 ☐ Change ☒ Addition

TITLE PD
NAME MICCICHI, WILLIAM D
STREET ADDRESS 1954 ROLLING GREEN CIR
CITY-ST-ZIP SARASOTA FL 34240 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

Date

Daytime Phone #

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90077 019 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)

4/11/01 941-749-509