

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005218

1. Entity Name

ALUMINUM ASSOCIATION OF FLORIDA PALM BEACH CHAPT

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90055 032 \*\*\*\*61.25

Principal Place of Business 1033 SILVER BEACH RD BAY 66 LAKE PARK FL 33403	Mailing Address P.O. BOX 140532 ORLANDO FL 33432-7462
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1650 S. Dixie Highway Suite, Apt. #, etc. Suite 500 City & State Boca Raton, FL Zip 33432	3. Mailing Address 1650 S. Dixie Highway Suite, Apt. #, etc. Suite 500 City & State Boca Raton, FL Zip 33432	Country USA
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4. FEI Number 65-0784835	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CLASSE, WANDA 3319 MAGUIRE BLVD., SUITE 155 ORLANDO FL 32803
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7. Name and Address of New Registered Agent Name Jim McMullen Street Address (P.O. Box Number is Not Acceptable) 1650 S. Dixie Highway Suite 500 City Boca Raton FL Zip Code 33432
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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 Jim McMullen, Executive Director 4/24/00  
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 NAME STREET ADDRESS CITY-ST-ZIP	DP BROWN, BRIAN 102 SOUTH F STREET LAKE WORTH FL 33460 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FINKLEA, DAVID 1033 SILVER BEACH ROAD, BAY 66 LAKE PARK FL 33403 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALANCE, WILLIAM 5152 QUACHITA DRIVE LAKE WORTH FL 33467 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, GREG 860-4 NORTH 8TH STREET LANATANA FL 33462 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M CLASSE, WANDA 3319 MAGUIRE BLVD 155 ORLANDO FL 32803 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M Jim McMullen 1650 S. Dixie Highway, Suite 500 Boca Raton, FL 33432 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D James Smith 1311 Commerce Lane #7 Jupiter, FL 33458 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Brian Brown 4/8/00 (561) 533-5003  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #