

2002 UNIFORM BUSINESS REPORT (UBR)

5/5

FILED
May 29, 2002 8:00 am
Secretary of State

05-05-2002 90035 001 ***840.00

DOCUMENT # N97000005218

1. Entity Name

**ALUMINUM ASSOCIATION OF FLORIDA PALM BEACH CHAPT
 EA, INC.**

Principal Place of Business

1650 S DIXIE HWY
 STE 500
 BOCA RATON FL 33432

Mailing Address

1650 S DIXIE HWY
 STE 500
 BOCA RATON FL 33432

87500

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0784835

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

Name

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

City

FL

Zip Code

~~MCMULLEN, JIM~~ *Saunders, Paul*
 1650 S DIXIE HWY
 STE 500
 BOCA RATON FL 33432

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

PAUL E. SAUNDERS *Paul E. Saunders* *5/15/02*

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 ☐ Delete
 NAME **VD BROWN, BRIAN**
 STREET ADDRESS **102 SOUTH F STREET**
 CITY-ST-ZIP **LAKE WORTH FL 33480**

TITLE ☐ Change ☐ Addition
 NAME ~~Paul Saunders~~ *Paul Saunders*
 STREET ADDRESS **1650 S DIXIE HWY Suite 500**
 CITY-ST-ZIP **Boca Raton, FL 33432**

TITLE ☒ Delete
 NAME ~~MCMULLEN, JIM~~
 STREET ADDRESS **1650 S DIXIE HWY STE 500**
 CITY-ST-ZIP **BOCA RATON FL 33432**

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

TITLE ☐ Delete
 NAME **TD MILLER, GREG**
 STREET ADDRESS **860-4 NORTH 8TH STREET**
 CITY-ST-ZIP **LANATANA FL 33462**

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

TITLE ☐ Delete
 NAME **VD SMITH, JAMES**
 STREET ADDRESS **1311 COMMERCE LANE # 7**
 CITY-ST-ZIP **JUPITER FL 33458**

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

TITLE ☐ Delete
 NAME **PD SANSINI, MICHAEL**
 STREET ADDRESS **8451 MCALLISTER WAY**
 CITY-ST-ZIP **WEST PALM BEACH FL 33411**

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

TITLE ☐ Delete
 NAME **SD BARDEN, CHARLES**
 STREET ADDRESS **3585 BOUTWELL ROAD #1**
 CITY-ST-ZIP **LAKE WORTH FL 33440**

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:

Paul E. Saunders
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02
 Date

(561) 362-9019
 Daytime Phone #

CR2E037 (9/01)