

# 2002 UNIFORM BUSINESS REPORT (UBR)

600005065116-9  
-03/07/02-01072-023  
\*\*\*\*150.00 \*\*\*\*150.00

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AV

DOCUMENT # P01000025780

1. Entity Name  
AMERISTEEL BRIGHT BAR, INC.

FILED

02 FEB 19 AM 9:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
5100 W LEMON STREET  
TAMPA FL 33609

Mailing Address  
5100 W LEMON STREET  
TAMPA FL 33609

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

59-3708693

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

CASTELLANO, NELSON T  
101 EAST KENNEDY BLVD SUITE 2700  
TAMPA FL 33602

Name

CT Corporation System

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

1200 South Pine Island Road  
City Plantation FL Zip Code 33324

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

*Barbara A. Burke*

BARBARA A. BURKE

SPECIAL ASSISTANT SECRETARY

2/13/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME D  
STREET ADDRESS LANDA, TOM J  
CITY-ST-ZIP 5100 W LEMON STREET  
TAMPA FL 33609 ☐ Delete

TITLE VP/Director/Secretary  
NAME Landa, Tom J. ☐ Change ☒ Addition  
STREET ADDRESS 5100 W. Lemon St.  
CITY-ST-ZIP Tampa, FL 33609

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE President, CEO  
NAME Higley, Stephen S. ☐ Change ☒ Addition  
STREET ADDRESS 555 Collins Blvd.  
CITY-ST-ZIP Orville, Ohio 44667

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE Vice President  
NAME Gary E. Lenhart ☐ Change ☒ Addition  
STREET ADDRESS 555 Collins Blvd.  
CITY-ST-ZIP Orville, Ohio 44667

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE Vice President/Treasurer  
NAME John W. Sears ☐ Change ☒ Addition  
STREET ADDRESS 555 Collins Blvd.  
CITY-ST-ZIP Orville, Ohio 44667

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE Controller  
NAME Robert E. Powell ☐ Change ☒ Addition  
STREET ADDRESS 5100 W. Lemon Street  
CITY-ST-ZIP Tampa, FL 33609

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE Chairman  
NAME Phillip E. Casey ☐ Change ☒ Addition  
STREET ADDRESS 5100 W. Lemon Street  
CITY-ST-ZIP Tampa, FL 33609

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Tom J. Landa*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/02 (813) 207-2292  
Date Daytime Phone #

CR2E034 (9/01)