

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90006 032 ***558.75

DOCUMENT # P95000030268

1. Entity Name
THE FLORIDA CARTRIDGE REMANUFACTURER ASSOCIATION

Principal Place of Business

**3178 PEMBROKE ROAD
 HALLANDALE FL 33009**

Mailing Address

**3500 HALLANDALE BEACH BLVD
 PEMBROKE PINES FL 33023-5733
 US**

2. Principal Place of Business

2025-A Porter Lake DR

3. Mailing Address

2025-A Porter Lake DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA, FLORIDA

City & State

SARASOTA, Florida

4. FEI Number

65-0586508

Applied For

Not Applicable

Zip

34240

Country

USA

Zip

34240

Country

USA

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

CAVALLARO, JAMES

**3500 HALLANDALE BEACH BLVD
 PEMBROKE PINES FL 33023**

7. Name and Address of New Registered Agent

Name

Will Lee

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

2025-A Porter Lake DR.

City

SARASOTA

FL

Zip Code

34240

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) **(WILLIE P. LEE, JR.) PRESIDENT**

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

(NOTE: Registered Agent signature required when reinstating)

7/20/01

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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

TITLE	T	<input type="checkbox"/> Delete
NAME	GETTLE, JUDY	
STREET ADDRESS	5424 BOIAN PLACE	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PHILLIPS, BILL	
STREET ADDRESS	P.O. BOX 677489	
CITY-ST-ZIP	ORLANDO FL 32867	
TITLE	SVP	<input checked="" type="checkbox"/> Delete
NAME	CLAPP, BRAD	
STREET ADDRESS	1615 W SMITH STREET	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	PHILLIPS, CHRISTINE	
STREET ADDRESS	P.O. BOX 677489	
CITY-ST-ZIP	ORLANDO FL 32867	
TITLE	2VP	<input type="checkbox"/> Delete
NAME	LEE, WILL	
STREET ADDRESS	2025-A PORTER LAKE DR	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5424 BORAN PLACE	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEANNE MAXLEY	
STREET ADDRESS	PO BOX 184	
CITY-ST-ZIP	GAINESVILLE, FL 32602	

13. 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 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: JUDY GETTLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/01

Date

813-620-4403

Daytime Phone #

CR2E034 (5/01)