

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 705275

1. Entity Name

FLORIDA SOCIETY OF ASSOCIATION EXECUTIVES, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90453 049 ****61.25

Principal Place of Business

Mailing Address

231 LAFAYETTE CIR
TALLAHASSEE FL 32303
US

P.O. BOX 11119
TALLAHASSEE FL 32302-3119
US

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

59-6140583

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

HEIERMAN, SHARON G
231 LAFAYETTE CIR
TALLAHASSEE FL 32303

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 **P** ☒ Delete
NAME **GOLDEN, ROBERT E**
STREET ADDRESS **3200 N MILITARY TRL, #100**
CITY-ST-ZIP **BOCA RATON FL 3341**

TITLE **EVP** ☐ Change ☒ Addition
NAME **SHARON G. HEIERMAN**
STREET ADDRESS **231 LAFAYETTE CIR.**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **VP** ☐ Delete
NAME **BELROSE, BRUCE R**
STREET ADDRESS **100 E JEFFERSON ST**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **ALISS HARTSFIELD RO**
STREET ADDRESS **2655 HARTSFIELD RD**
CITY-ST-ZIP **TALLAHASSEE, FL 32303**

TITLE **D** ☐ Delete
NAME **SCOVOTTO, LAWRENCE E**
STREET ADDRESS **140 S ATLANTIC AVE, #303**
CITY-ST-ZIP **ORMOND BEACH FL 32176**

TITLE **PRESIDENT-ELECT** ☒ Change ☐ Addition
NAME **THOMAS A. WAITS**
STREET ADDRESS **200 W. COLLEGE AVE**
CITY-ST-ZIP **TALLAHASSEE, FL 32301**

TITLE **D** ☒ Delete
NAME **BRAINERD, JAMES S**
STREET ADDRESS **3159 S SHAMROCK**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **SECRETARY** ☐ Change ☒ Addition
NAME **JOHN A. ROLERS JR.**
STREET ADDRESS **100 E. JEFFERSON ST.**
CITY-ST-ZIP **TALL. FL. 32301**

TITLE **S** ☒ Delete
NAME **LYNN, DIANNE W**
STREET ADDRESS **650 APALACHEE PKY**
CITY-ST-ZIP **TALLAHASSEE FL 32399**

TITLE **PAST PRESIDENT** ☒ Change ☐ Addition
NAME **HUNTER, WILLIAM D**
STREET ADDRESS **123 S CALHOUN ST, #350**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **D** ☐ Delete
NAME **HUNTER, WILLIAM D**
STREET ADDRESS **123 S CALHOUN ST, #350**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

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:

SHARON G. HEIERMAN **SHARON G. HEIERMAN, EVP 4/27/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (9/99)