

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 27, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # 705275****1. Entity Name****FLORIDA SOCIETY OF ASSOCIATION EXECUTIVES, INC.****Principal Place of Business**

231 LAFAYETTE CIR

TALLAHASSEE  
32303

US

FL

**Mailing Address**

P.O. BOX 11119

TALLAHASSEE  
32302

US

FL

**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; 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 CIRTALLAHASSEE FL  
32303 US

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 LINDA S CHRENO****04/27/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> HUNTER WILLIAM D 123 S CALHOUN ST, #350 TALLAHASSEE FL 32301	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> CALABRO DOMINIC P O BOX 10209 TALLAHASSEE FL 32302	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> LYNN DIANNE W 650 APALACHEE PKY TALLAHASSEE FL 32399	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> ADAMS MARGO S 521 E PARK AVENUE TALLAHASSEE FL 32301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> BRAINERD JAMES S 3159 S SHAMROCK TALLAHASSEE FL 32308	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> WAITS TOMMY A P O BOX 1529 TALLAHASSEE FL 32302	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> SCOVOTTO LAWRENCE E 140 S ATLANTIC AVE, #303 ORMOND BEACH FL 32176	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> SCOVOTTO LAWRENCE E 140 S ATLANTIC AVE, #303 ORMOND BEACH FL 32176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> BELROSE BRUCE R 100 E JEFFERSON ST TALLAHASSEE FL 32301	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> MCRAE HERBERT W P O BOX 12187 TALLAHASSEE FL 32317	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> GOLDEN ROBERT E 3200 N MILITARY TRL, #100 BOCA RATON FL 3341	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PE</b> BEDNERIK JON C 558 S OSPREY AVENUE SARASOTA FL 34236	<input checked="" 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)(f), 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: LINDA S CHRENO****ST****04/27/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)

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**D DONA H. ROSS**  
**1114 NORTH GADSDEN STREET**

**TALLAHASSEE FL 32303**

**D NANCY D STEPHENS**  
**1311 EXECUTIVE CENTER DR**  
**#225**  
**TALLAHASSEE FL 32301-8181**

**ST LINDA S. CHRENO**  
**231 LAFAYETTE CIRCLE**

**TALLAHASSEE FL 32303**

**D TERESA KING KINNEY**  
**700 S ORYAL POINCIANA BLVD**  
**STE 400**  
**MIAMI FL 33166**