

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 FL 32303 US

Mailing Address
 P.O. BOX 11119
 TALLAHASSEE FL 32302 US

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State

3. Mailing Address
 Suite, Apt. #, etc.
 City & State

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
 HEIERMAN SHARON G
 231 LAFAYETTE CIR
 TALLAHASSEE FL 32303 US

7. Name and Address of New Registered Agent
 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** DATE **04/27/2001**
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

TITLE	D	<input type="checkbox"/> Delete
NAME	HUNTER WILLIAM D	
STREET ADDRESS	123 S CALHOUN ST, #350	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	S	<input type="checkbox"/> Delete
NAME	LYNN DIANNE W	
STREET ADDRESS	650 APALACHEE PKY	
CITY-ST-ZIP	TALLAHASSEE FL 32399	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRAINERD JAMES S	
STREET ADDRESS	3159 S SHAMROCK	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCOVOTTO LAWRENCE E	
STREET ADDRESS	140 S ATLANTIC AVE, #303	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BELROSE BRUCE R	
STREET ADDRESS	100 E JEFFERSON ST	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	P	<input type="checkbox"/> Delete
NAME	GOLDEN ROBERT E	
STREET ADDRESS	3200 N MILITARY TRL, #100	
CITY-ST-ZIP	BOCA RATON FL 3341	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALABRO DOMINIC	
STREET ADDRESS	P O BOX 10209	
CITY-ST-ZIP	TALLAHASSEE FL 32302	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS MARGO S	
STREET ADDRESS	521 E PARK AVENUE	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAITS TOMMY A	
STREET ADDRESS	P O BOX 1529	
CITY-ST-ZIP	TALLAHASSEE FL 32302	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOVOTTO LAWRENCE E	
STREET ADDRESS	140 S ATLANTIC AVE, #303	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCRAE HERBERT W	
STREET ADDRESS	P O BOX 12187	
CITY-ST-ZIP	TALLAHASSEE FL 32317	
TITLE	PE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEDNERIK JON C	
STREET ADDRESS	558 S OSPREY AVENUE	
CITY-ST-ZIP	SARASOTA FL 34236	

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

CR2E037 (11/00)

**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**