

**2000 UNIFORM BUSINESS REPORT (UBR)**

3/

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

03-09-2000 90096 037 \*\*\*\*61.25

**DOCUMENT # 706785**

1. Entity Name

**FLORIDA STATE ASSOCIATION OF SUPERVISORS OF ELEC**

Principal Place of Business

Mailing Address

P.O. BOX 669  
 TALLAHASSEE FL 32302  
 US

P.O. BOX 669  
 TALLAHASSEE FL 32302-0669  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3348295**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**LABASKY, RONALD A.**  
**318 N. MONROE ST**  
**TALLAHASSEE FL 32301**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LABASKY, RONALD A</b>	
STREET ADDRESS	<b>318 N MONROE ST</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32301</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HOLLARN, PAT</b>	
STREET ADDRESS	<b>1804 LEWIS TURNER BLVD STE 404</b>	
CITY-ST-ZIP	<b>FT WALTON BCH FL 32547</b>	
TITLE	<b>PE</b>	<input type="checkbox"/> Delete
NAME	<b>RUGGLES, DOROTHY</b>	
STREET ADDRESS	<b>315 COURT ST</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33756</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>IORIO, PAM</b>	
STREET ADDRESS	<b>601 E KENNEDY BLVD 16TH FL</b>	
CITY-ST-ZIP	<b>TAMPA FL 33602</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>JONES, BONNIE</b>	
STREET ADDRESS	<b>223 S PALAFOX PL RM 400</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32501</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>WILKES, DOUG</b>	
STREET ADDRESS	<b>6564 CAROLINE ST</b>	
CITY-ST-ZIP	<b>MILTON FL 32570</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>President - DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Ruggles, Dorothy</b>	
STREET ADDRESS	<b>315 Court Street - Room 117</b>	
CITY-ST-ZIP	<b>Clearwater, FL 33756</b>	
TITLE	<b>President - Elect</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Iorio, Pam</b>	
STREET ADDRESS	<b>601 E. Kennedy Blvd. - 16th Floor</b>	
CITY-ST-ZIP	<b>Tampa, FL 33602</b>	
TITLE	<b>Vice President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Bryant, Donna</b>	
STREET ADDRESS	<b>330 N. Beaumont Avenue</b>	
CITY-ST-ZIP	<b>Kissimmee, FL 34741</b>	
TITLE	<b>Secretary - DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LePore, Theresa</b>	
STREET ADDRESS	<b>301 North Olive Avenue - Room 105</b>	
CITY-ST-ZIP	<b>West Palm Beach, FL 33401</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 files empowered.

SIGNATURE:

*Ronald Labasky* (RONALD LABASKY) 3-4-2000 850-222-3730

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)