

**2001 UNIFORM BUSINESS REPORT (UBR)**

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**FILED**  
**Jun 02, 2001 8:00 am**  
**Secretary of State**

05-12-2001 90053 017 \*\*\*\*61.25

**DOCUMENT # 706785**  
 1. Entity Name  
**FLORIDA STATE ASSOCIATION OF SUPERVISORS OF ELEC**

Principal Place of Business P.O. BOX 669 TALLAHASSEE FL 32302 US	Mailing Address P.O. BOX 669 TALLAHASSEE FL 32302 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3348295**

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LABASKY, RONALD A</b> <b>318 N MONROE ST</b> <b>TALLAHASSEE FL 32301</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>HOLLARN, PAT</b> <b>1804 LEWIS TURNER BLVD STE 404</b> <b>FT WALTON BCH FL 32547</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>PE</b> <b>RUGGLES, DOROTHY</b> <b>315 COURT ST</b> <b>CLEARWATER FL 33756</b> <input checked="" type="checkbox"/> Delete</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>IORIO, PAM</b> <b>601 E KENNEDY BLVD 16TH FL</b> <b>TAMPA FL 33602</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SO</b> <b>JONES, BONNIE</b> <b>223 S PALAFOX PL RM 400</b> <b>PENSACOLA FL 32501</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>WILKES, DOUG</b> <b>6564 CAROLINE ST</b> <b>MILTON FL 32570</b> <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>PROV. ELECT. (PE)</b> <b>BRYANT, DONNA</b> <b>330 N. BEAUMONT AV.</b> <b>KISSIMEE FL 34702</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT (P)</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>TREASURER (T)</b> <b>SMITH, JON</b> <b>301 S. MONROE ST.</b> <b>TALLAHASSEE, FL 32301</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY (S)</b> <input 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)(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: *Ronald A. Labasky* **5-01-01** **850-222-5730**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)