

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90765 026 ****61.25

0000039

DOCUMENT # 706785

1. Entity Name
FLORIDA STATE ASSOCIATION OF SUPERVISORS OF ELECTIONS, INC.



Principal Place of Business Mailing Address

**P.O. BOX 669
TALLAHASSEE FL 32302
US** **P.O. BOX 669
TALLAHASSEE FL 32302
US**

2. Principal Place of Business 3. Mailing Address


Suite, Apt. #, etc.
Post Office Box 271 Suite, Apt. #, etc.
Post Office Box 271

City & State City & State

Tallahassee, FL **Tallahassee, FL**

Zip Country Zip Country

32302 **U.S.** **32302** **U.S.**



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3348295** Applied For
Not Applicable

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
Ronald A. Labasky

Street Address (P.O. Box Number is Not Acceptable)
310 West College Avenue

City Zip Code
Tallahassee FL 32301

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be **Make Check Payable to**
Trust Fund Contribution. Added to Fees **Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PE	<input type="checkbox"/> Delete
NAME	BRYANT, DONNA	
STREET ADDRESS	370 N. BEAUMONT N.	
CITY-ST-ZIP	KISSIMMEE FL 34702	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	IORIO, PAM	
STREET ADDRESS	601 E KENNEDY BLVD 16TH FL	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CLEM, KAY	
STREET ADDRESS	1890 25TH ST, STE N-109	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	PED	<input type="checkbox"/> Delete
NAME	LABORE, THERESA	
STREET ADDRESS	301 N. OLIVE AVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bill Cowles	
STREET ADDRESS	119 W. Kaley Street	
CITY-ST-ZIP	Orlando, FL 32806	
TITLE	PED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lefora, Theresa	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Susan Gill	
STREET ADDRESS	120 N. Apopka Ave.	
CITY-ST-ZIP	Inverness, FL 34450	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Terry Vaughan	
STREET ADDRESS	925-C N. Temple Ave.	
CITY-ST-ZIP	Starke, FL 32091	

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: *Susan Gill* 4/29/03 850-681-0311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)