2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State
03-20-2000 90008 018 ****75.00

DOCUMENT # 706811

1. Entity Name

CENTRAL FLORIDA FIRE CHIEFS ASSOCIATION INC.

Principal Place of Business	Mailing Address
439 S MAGNOLIA AVE ORLANDO FL 32801 US	439 S MAGNOLIA ST ORLANDO FL 32801-3331 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
439 S. MAGNOLIA AVE.	439 S. MAGNOLIA AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO FL	City & State: ORLANDO FL
Zip: 32801 Country: US	Zip: 32801 Country: US

4. FEI Number: 59-2901635 ☐ 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
FOWLER, JAMES A ATTY 28 W CENTRAL BLVD ORLANDO FL 32801	Name Street Address (P.O. Box Number is Not Acceptable) N/A 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D GASTON, GEORGE S 225 NEWBURY PORT AVE ALTAMONTE SPRINGS FL 33701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP O'DOWD, MICHAEL 200 W DAKIN AVE KISSIMMEE FL 32741	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP JOHN KOEHLER 8431 S. ORANGE BLOSSOM TRAIL ORLANDO FL 32809 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST ADAMS, DONALD R 400 SOUTH ORANGE AVE ORLANDO FL 32801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST ADAMS, DONALD R 400 SOUTH ORANGE AVE ORLAND FL 32801 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST HARKINS, DONALD 400 SOUTH ORANGE AVE ORLANDO FL 32801	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V O'DOWD, MICHAEL 200 W. DAKIN AVE. KISSIMMEE FL. 32741 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEWIS, CHARLIE 915 MASSACHUSETTS AVE ST CLOUD FL 34770	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEWIS, CHARLIE 915 MASSACHUSETTS AVE ST CLOUD FL 34770 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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: Donald R. Adams, Sr. DONALD R. ADAMS, SR. 3-10-00 407-246-2135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #