

# 2001 ~~UNIFORM~~ BUSINESS REPORT (UBR)

DOCUMENT # 706811

1. Entity Name

CENTRAL FLORIDA FIRE CHIEFS ASSOCIATION INC.

FILED

Feb 05, 2001 8:00 am  
Secretary of State

02-05-2001 90114 012 \*\*\*\*70.00

Principal Place of Business

~~439 S MAGNOLIA AVE~~  
~~ORLANDO FL 32801~~  
~~US~~

Mailing Address

~~439 S MAGNOLIA ST~~  
~~ORLANDO FL 32801~~  
~~US~~

2. Principal Place of Business

225 Newburyport Avenue  
Suite, Apt. #, etc.

3. Mailing Address

225 Newburyport Ave.  
Suite, Apt. #, etc.

City & State

Altamonte Springs, FLA.

City & State

Altamonte Springs, FLA.

Zip

32701

Country

U.S.

Zip

32701

Country

U.S.

4. FEI Number

59-2901635

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FOWLER, JAMES A ATTY  
28 W CENTRAL BLVD  
ORLANDO FL 32801

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

*W/A*

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>GASTON, GEORGE S<br>225 NEWBURY PORT AVE<br>ALTAMONTE SPRINGS FL 33701 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>KOCKLER, JOHN<br>3431 S.O.B.T.<br>ORLANDO FL 32809                    | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>ADAMS, DONALD R<br>400 SOUTH ORANGE AVE<br>ORLANDO FL 32801           | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>O'DOWD, MICHAEL<br>200 W. DAKIN AVE.<br>KISSIMEE FL 32741              | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>LEWIS, CHARLIE<br>915 MASSACHUSETTS AVE<br>ST. CLOUD FL 34770          | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                             | <input type="checkbox"/> Delete            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                                                |                                                                                            |                                                                              |
|------------------------------------------------|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | President (P)<br>George S. Gaston<br>225 Newburyport Ave.<br>Altamonte Springs, FLA. 32701 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | John T. Koehler<br>8431 South Orange Blossom Trail<br>Orlando, FLA. 32809                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S/T<br>Stanley P. Human<br>225 Newburyport Ave.<br>Altamonte Springs, FLA. 32701           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>Mitchel C. Floyd<br>45 Triplet Lake Drive<br>Casselberry, FLA. 32707                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>Ronald D. Strosnicker<br>125 North Blufford Avenue<br>Ocoee, FLA. 34761               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                            | <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:

*Stanley P. Human*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/13/2001 407-571-8383

CR2E037 (10/00)