

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 706811

1. Entity Name

CENTRAL FLORIDA FIRE CHIEFS ASSOCIATION INC.

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90147 030 ****70.00

Principal Place of Business

225 NEWBURYPORT AVENUE
ALTAMONTE SPRINGS FL 32701
US

Mailing Address

225 NEWBURYPORT AVENUE
ALTAMONTE SPRINGS FL 32701
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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)

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

Same As #6

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 P
NAME GASTON, GEORGE S
STREET ADDRESS 225 NEWBURY PORT AVE
CITY-ST-ZIP ALTAMONTE SPRINGS FL 33701 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
NAME KOEHLER, JOHN T
STREET ADDRESS 8431 SOUTH ORANGE BLOSSOM TRAIL
CITY-ST-ZIP ORLANDO FL 32809 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ST
NAME HUMAN, STANLEY P
STREET ADDRESS 225 NEWBURYPORT AVE.
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME FLOYD, MITCHEL C
STREET ADDRESS 95 TRIPLET LAKE DRIVE
CITY-ST-ZIP CASSELBERRY FL 32707 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME STROSNIER, RONALD D
STREET ADDRESS 125 NORTH BLUFORD AVENUE
CITY-ST-ZIP OCOEE FL 34761 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)