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

**FILED**
**May 12, 2003 8:00 am**
**Secretary of State**
05-12-2003 90207 012 ****70.00

000107737

DOCUMENT # 706811

1. Entity Name
CENTRAL FLORIDA FIRE CHIEFS ASSOCIATION INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 225 NEWBURYPORT AVENUE<br>ALTAMONTE SPRINGS FL 32701<br>US | 225 NEWBURYPORT AVENUE<br>ALTAMONTE SPRINGS FL 32701<br>US |

☐ CHECK HERE IF MAKING CHANGES

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| P.O. Box 547894 | P.O. Box 547894 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: ORLANDO, FL | City & State: ORLANDO, FL |
| Zip: 32854-7894 Country: USA | Zip: 32854-7894 Country: USA |

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<br>28 W CENTRAL BLVD<br>ORLANDO FL 32801 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: SAME AS ABOVE.
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 Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>GASTON, GEORGE S<br>225 NEWBURY PORT AVE<br>ALTAMONTE SPRINGS FL 33701 | ☐ Delete | ST<br>2914 CARROLL PLACE<br>ORLANDO FL 32804 | ☒ Change | ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>KOEHLER, JOHN T<br>8431 SOUTH ORANGE BLOSSOM TRAIL<br>ORLANDO FL 32809 | ☒ Delete | P<br>CRAIG HAUN<br>235 RINEHART ROAD<br>LAKE MARY, FL 32746 | ☐ Change | ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ST<br>HUMAN, STANLEY P<br>225 NEWBURYPORT AVE.<br>ALTAMONTE SPRINGS FL 32701 | ☒ Delete | D<br>CHARLIE WALKER<br>400 S. ORANGE AVE 7TH FLOOR<br>ORLANDO FL 32801 | ☐ Change | ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FLOYD, MITCHEL C<br>95 TRIPLET LAKE DRIVE<br>CASSELBERRY FL 32707 | ☐ Delete | V | ☒ Change | ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>STROSNIDER, RONALD D<br>125 NORTH BLUFORD AVENUE<br>OCOEE FL 34761 | ☐ Delete | | ☐ Change | ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | D<br>GERARD RANSOM<br>1303 S. FRENCH AVE<br>SANFORD, FL 32771 | ☐ Change | ☒ Addition |

CR2E037 (10/02)

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:** SIGNATURE REQUIRED GEORGE S. GASTON SEC/TREAS 05/09/03 (407) 810-6716
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2003 UBR
DOCUMENT # 706811
CENTRAL FLORIDA FIRE CHIEFS' ASSOC
ATTACHMENT (1)

Attachment
# 706811
8011897/2

(BOX 11 CONTINUES)
D
CARLE BISHOP
439 WEST HIGHWAY 50
CLERMONT, FL 34711

X ADDITION