

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 708760

1. Entity Name

FLORIDA STATE FIREMAN'S ASSOCIATION, INC.

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**FILED**  
**Jul 07, 2000 8:00 am**  
**Secretary of State**

07-07-2000 90406 027 \*\*\*\*61.25

Principal Place of Business HIGHWAY 27 SOUTH AVON PARK FL 33825	Mailing Address PO BOX 968 AVON PARK FL 33826-0968 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number <b>59-0735138</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired: <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MOOK, TOM**  
**341 ROSS DR.**  
**DELRAY BEACH FL 33445**

7. Name and Address of New Registered Agent

Name: **ROBERTSON STEVEN**  
 Street Address (P.O. Box Number is Not Acceptable): **105 EASTVIEW RD**  
 City: **SEBRING** FL Zip Code: **33870**

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: STEVEN ROBERTSON SECRETARY/TREASURER DATE: 6-1-00  
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 Trust Fund Contribution.  \$5.00 May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS	
TITLE: <b>ST</b> <input checked="" type="checkbox"/> Delete NAME: <b>MOOK, THOMAS</b> STREET ADDRESS: <b>2450 HIGHWAY 27 SOUTH</b> CITY-ST-ZIP: <b>AVON PARK FL 33826</b>	
TITLE: <b>D</b> <input checked="" type="checkbox"/> Delete NAME: <b>GERNER, RAYMOND</b> STREET ADDRESS: <b>2450 HIGHWAY 27 SOUTH</b> CITY-ST-ZIP: <b>AVON PARK FL 33826</b>	
TITLE: <b>P</b> <input checked="" type="checkbox"/> Delete NAME: <b>MNESSINA, ANTHONY</b> STREET ADDRESS: <b>2450 HIGHWAY 27 SOUTH</b> CITY-ST-ZIP: <b>AVON PARK FL 33826</b>	
TITLE: <b>D</b> <input type="checkbox"/> Delete NAME: <b>AMICK, ROBERT</b> STREET ADDRESS: <b>2450 HIGHWAY 27 SOUTH</b> CITY-ST-ZIP: <b>AVON PARK FL 33826</b>	
TITLE: <b>VP</b> <input checked="" type="checkbox"/> Delete NAME: <b>KWIECIEN, DAVID</b> STREET ADDRESS: <b>2450 HIGHWAY 27 SOUTH</b> CITY-ST-ZIP: <b>AVON PARK FL 33826</b>	
TITLE: <b>VP</b> <input type="checkbox"/> Delete NAME: <b>BLOSSER, C W</b> STREET ADDRESS: <b>2450 HIGHWAY 27 SOUTH</b> CITY-ST-ZIP: <b>AVON PARK FL 33826</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: <b>ST</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: <b>ROBERTSON STEVEN</b> STREET ADDRESS: <b>105 EASTVIEW RD</b> CITY-ST-ZIP: <b>SEBRING FL 33870</b>	
TITLE: <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: <b>JOHN KNOLL</b> STREET ADDRESS: <b>JACKSONVILLE-FL</b>	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: 	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: 	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: 	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: 	

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: STEVEN ROBERTSON **REQUIRED** DATE: 6-1-00 DAYTIME PHONE #: 863 382 8793  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E037 (9/99)