

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State
 05-30-2002 91605 017 ****61.25

DOCUMENT # 716832

1. Entity Name

FLORIDA FEDERATION FOR SAFETY, INC

Principal Place of Business

**FLA FEDERATION OF SAFETY
 PO BOX 47723
 ST PETERSBURG FL 33743-7723
 US**

Mailing Address

**FLA FEDERATION OF SAFETY
 PO BOX 47723
 ST PETERSBURG FL 33743-7723
 US**

2. Principal Place of Business

FLORIDA

3. Mailing Address

P.O. BOX 47723

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

City & State

ST. PETERSBURG, FL

Zip

33743-7723

Country

USA

Zip

33743-7723

Country

USA

4. FEI Number

59-1110631

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**LEE, CLIFTON E
 12579 57TH AVE N
 SAINT PETERSBURG FL 33708**

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

Clifton E Lee

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 **PD** ☐ Delete
 NAME **WOLGAST, MARVIN**
 STREET ADDRESS **247 BIRCH LANE**
 CITY-ST-ZIP **LAKELAND FL 33860**

TITLE **VD** ☐ Delete
 NAME **BYY, RANDY**
 STREET ADDRESS **1515 N WESTSHORE BLVD**
 CITY-ST-ZIP **TAMPA FL 33607**

TITLE **SD** ☐ Delete
 NAME **BURGNER, DOUG**
 STREET ADDRESS **330 CHURCH STREET**
 CITY-ST-ZIP **BARTOW FL 33831**

TITLE **TD** ☐ Delete
 NAME **LEE, CLIFTON**
 STREET ADDRESS **6133 CENTRAL AVENUE**
 CITY-ST-ZIP **ST PETERSBURG FL 33701**

TITLE **D** ☐ Delete
 NAME **CATON, DONALD**
 STREET ADDRESS **3300 BONNET CREEK ROAD**
 CITY-ST-ZIP **LAKE BUENA VISTA FL 32830**

TITLE **D** ☐ Delete
 NAME **O'NEILL, JAMES**
 STREET ADDRESS **750 MAIN STREET**
 CITY-ST-ZIP **SAFETY HARBOR FL 34695**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE ☐ Change ☐ 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:

Clifton E Lee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)