

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739267

1. Entity Name

FLORIDA ASSOCIATION OF SCHOOL ADMINISTRATORS, IN

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90047 040 ****61.25

Principal Place of Business	Mailing Address
206 B SOUTH MONROE ST TALLAHASSEE FL 32301	206 B SOUTH MONROE ST TALLAHASSEE FL 32301-1801

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



7044

DO NOT WRITE IN THIS SPACE

4. FEI Number	59-1558806	Applied For
		Not Applicable
5. Certificate of Status Desired	☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CRAWFORD, DR. DOUGLAS W
206 B SOUTH MONROE STREET
TALLAHASSEE FL 32301

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 _____
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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RUSSELL, BENNETT 603 CANAL STREET MILTON FL 32063 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SWARTZEL, STEVE P.O. Box 2942 LARGO, FL 34649 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, ASHLEY 1001 W BEARS AVE MIAMI FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BISCEGLIA, SANDI 100 LAKE ROAD TAVERNIER FL 33070 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SWARTZEL, STEVE ☐ 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
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 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: W. Russell Bennett 5/1/00 850 224 3626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)