

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 754969

1. Entity Name

SECURITY TRADERS ASSOCIATION OF FLORIDA, INC.

FILED

Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90042 006 ****61.25

Principal Place of Business

% N.A.I.B.

800 E. CYPRESS CREEK RD., SUITE 302
FT. LAUDERDALE FL 33334
US

Mailing Address

% N.A.I.B.

800 E. CYPRESS CREEK RD., SUITE 302
FT. LAUDERDALE FL 33334-3522
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2121451

Applied For

Not Applied

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

MCBRIDE, CHARLIE
1651 WARWICK PLACE
LONGWOOD FL 32750

Phone
561 338 2760

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☒ Delete
NAME	MCBRIDE, CHARLES	
STREET ADDRESS	1657 WARWICK PLACE	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	1VPD	☒ Delete
NAME	DORADO, COLETTA	
STREET ADDRESS	850 COQUINA WAY	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	TD	☒ Delete
NAME	PARNASS, MICHAEL	
STREET ADDRESS	1800 NE 27TH DRIVE	
CITY-ST-ZIP	WILTON MANORS FL 33304	
TITLE	2VP	☒ Delete
NAME	O'BRIEN, TOM	
STREET ADDRESS	1550 BRICKELL AVE., #410-A	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	SD	☐ Delete
NAME	PROCTOR, FRANCES	
STREET ADDRESS	8741 PINE BARRENS DRIVE	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	☒ Change ☐ Additio
NAME	COLETTA DORADO	
STREET ADDRESS	850 COQUINA WAY	
CITY-ST-ZIP	BOCA RATON, FLA 33432	
TITLE	1st Vice President	☐ Change ☒ Additio
NAME	John Kelly	
STREET ADDRESS	210 Corporate Blvd	
CITY-ST-ZIP	BOCA RATON FLA 33431	
TITLE	TREASURER	☐ Change ☒ Additio
NAME	JEAN MARIE FROEN	
STREET ADDRESS	5991 AQUAMARINE WAY	
CITY-ST-ZIP	BOCA RATON BEACH FLA 33437	
TITLE	2nd Vice President	☐ Change ☒ Additio
NAME	GERARD MASTRIANNI	
STREET ADDRESS	250 PARK AVE SOUTH SUITE 200	
CITY-ST-ZIP	WINTER PARK FLA 32789	
TITLE		☐ Change ☐ Additio
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #