

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 764806

1. Entity Name

THE FLORIDA FIRE MARSHALS ASSOCIATION, INC.

FILED

May 03, 2000 8:00 am  
Secretary of State

05-03-2000 90093 042 \*\*\*\*61.25

Principal Place of Business

1024 N.E. 13TH ST  
BLDG C  
GAINESVILLE FL 32602  
US

Mailing Address

P.O. BOX 2033  
GAINESVILLE FL 34974-6331  
US

2. Principal Place of Business

FFMA

3. Mailing Address

FFMA

Suite, Apt. #, etc.

3108 S.E. 21<sup>ST</sup> COURT

Suite, Apt. #, etc.

3108 SE 21<sup>ST</sup> COURT

City & State

OKEECHOBEE, FL

City & State

OKEECHOBEE, FL

Zip

34974-6331

Country

USA

Zip

34974-6331

Country

USA

6. Name and Address of Current Registered Agent

HARDEE, BETH  
1024 N.E. 13TH ST  
BLDG C  
GAINESVILLE FL 32602

7. Name and Address of New Registered Agent

Name

DANIEL J DIETZ

Street Address (P.O. Box Number is Not Acceptable)

1500 OLD DIXIE HWY.

City

VERO BEACH

FL

Zip Code

32960

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]* DANIEL J. DIETZ, SEC/TRSR

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/00

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          | D                          | <input type="checkbox"/> Delete            |
| NAME           | GREGORY, LARRY             |                                            |
| STREET ADDRESS | 122 MARKELLA ROAD          |                                            |
| CITY-ST-ZIP    | FORT WALTON BEACH FL       |                                            |
| TITLE          | P                          | <input type="checkbox"/> Delete            |
| NAME           | RANDALL, STEVE             |                                            |
| STREET ADDRESS | 225 NEWBURYPORT AVENUE     |                                            |
| CITY-ST-ZIP    | ALTAMONTE SPRINGS F        |                                            |
| TITLE          | S                          | <input checked="" type="checkbox"/> Delete |
| NAME           | HARDEE, BETH               |                                            |
| STREET ADDRESS | 1024 N.E. 13TH ST, BLDG C  |                                            |
| CITY-ST-ZIP    | GAINESVILLE FL             |                                            |
| TITLE          | T                          | <input type="checkbox"/> Delete            |
| NAME           | APFELBECK, TONY            |                                            |
| STREET ADDRESS | 400 ALEXANDRIA BLVD.       |                                            |
| CITY-ST-ZIP    | OVIEDO FL                  |                                            |
| TITLE          | VP                         | <input checked="" type="checkbox"/> Delete |
| NAME           | PAINTER, STEVE             |                                            |
| STREET ADDRESS | 180 W LYMAN RD             |                                            |
| CITY-ST-ZIP    | WINTER PARK FL 32780       |                                            |
| TITLE          | D                          | <input type="checkbox"/> Delete            |
| NAME           | PEAVY, STEVEN              |                                            |
| STREET ADDRESS | 225 MNEW BRUNNST AVE       |                                            |
| CITY-ST-ZIP    | ALTAMONTE SPRINGS FL 33410 |                                            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                     |                                                                              |
|----------------|---------------------|------------------------------------------------------------------------------|
| 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          | SEC/TRSR            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | DANIEL J. DIETZ     |                                                                              |
| STREET ADDRESS | 1500 OLD DIXIE HWY  |                                                                              |
| CITY-ST-ZIP    | VERO BEACH FL 32960 |                                                                              |
| TITLE          | 2ND VICE-PRES       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                     |                                                                              |
| STREET ADDRESS |                     |                                                                              |
| CITY-ST-ZIP    |                     |                                                                              |
| TITLE          | 1ST VICE-PRES       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | DONALD M. GOFF      |                                                                              |
| STREET ADDRESS | 3210 S. 78TH ST     |                                                                              |
| CITY-ST-ZIP    | TAMPA, FL 33619     |                                                                              |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00 (561) 770-5121

Date

Daytime Phone #

CR2E037 (9/99)