

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 764806

Entity Name

FLORIDA FIRE MARSHALS AND INSPECTORS ASSOCIATION, INC.

Principal Place of Business

FMA
108 S.E. 21 COURT
KEECHOBEE FL 34974
S

Mailing Address

FFMA
3108 S.E. 21 COURT
OKEECHOBEE FL 34974
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2226351

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BUTCHER, RICHARD C
444 HUEY AV S
TARPON SPRINGS FL 34689

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 NAME STREET ADDRESS CITY-ST-ZIP	STD BUTLINSE, RICHARD C 444 HUEY AV S TARPON SPRINGS FL 34689	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOFF, DONALD M 3210 S 78TH ST TAMPA FL 33619	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROCK, RICHARD 700 MAIN ST SAFETY HARBOR FL 34695	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONDRONE, CATHERINE 20241 S TAMiami TR ESTERO FL 33928	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOFF, DONALD M 3210 SOUTH 78 STREET TAMPA FL 33619	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PEAVY, STEVEN 225 NEWBURY PORT AVE ALTAMONTE SPRINGS FL 33410	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	BUTCHER, RICHARD C	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REISEN, DALE 19850 BRELKENRIDGE Dr Suite A ESTERO, FL 33928	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAIKER, CHARLES 2601 WEST BROWARD BL Fort LAUDERDALE, FL 33312	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	225 NEWBURY PORT AV	☒ 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:

SIGNATURE REQUIRED 727-288-3737

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90182 033 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)