

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90403 031 \*\*\*\*61.25

**DOCUMENT # N02000007999**

1. Entity Name

**AMERICAN SAFETY COUNCIL FOUNDATION, INC.**



Principal Place of Business

**5125 ADANSON ST., SUITE 500  
ORLANDO FL 32804**

Mailing Address

**5125 ADANSON ST., SUITE 500  
ORLANDO FL 32804**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**56-2299817**

Applied For

Not Applicable

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

**PAGE, THOMAS P  
5125 ADANSON ST., SUITE 500  
ORLANDO FL 32804**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PROECHEL, ROBERT W</b>	
STREET ADDRESS	<b>5125 ADANSON ST., SUITE 500</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32804</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SIMMERSON, DONNA</b>	
STREET ADDRESS	<b>5125 ADANSON ST., SUITE 500</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32804</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PAGE, THOMAS P</b>	
STREET ADDRESS	<b>5125 ADANSON ST., SUITE 500</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32804</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
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 REQUIRED** *Thomas P. Page* 1/7/2003 407-629-4811

CR2E037 (10/02)