

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # N06542**

1. Entity Name  
 THE FLORIDA SOCIETY OF ASSOCIATION EXECUTIVES FOUNDATI  
 ON, INC.

Principal Place of Business  
 231 LAFAYETTE CIRCLE  
 TALLAHASSEE FL 32303 US

Mailing Address  
 P O BOX 11119  
 TALLAHASSEE FL 323023119 US

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State

4. FEI Number  
**59-2485277**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
 HEIERMAN SHARON G  
 231 LAFAYETTE CIRCLE  
 STE. 810  
 TALLAHASSEE FL 32303 US

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 **LINDA S. CHRENO** DATE **04/27/2001**  
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PHELAN WILLIAM 307 W PARK AVE TALLAHASSEE FL 32301 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR ADAMS MARGO S 521 E PARK AVENUE TALLAHASSEE FL 323012524 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR BRAINERD S JAMES 3159 SHAMROCK S TALLAHASSEE FL 32308 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PURCELL GLORIA 5800 KIRKMAN ROAD ORLANDO FL 32819 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP LANDRETH MARK D 5105 CHAMBROD DR TALLAHASSEE FL 32308 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HEIERMAN SHARON G 231 LAFAYETTE CIRCLE TALLAHASSEE FL 32303 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE MCRAE HERBERT W P O BOX 12187 TALLAHASSEE FL 32317 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR CORY KEYNA D P O BOX 1347 TALLAHASSEE FL 32302 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ADAMS MARGO S 521 E. PARK AVENUE TALLAHASSEE FL 32301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP PHELAN WILLIAM J P O BOX 1459 TALLAHASSEE FL 32302 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHRENO LINDA S 231 LAFAYETTE CIRCLE TALLAHASSEE FL 32303 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: LINDA S. CHRENO** S **04/27/2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)

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**TR FRANK DELAURIER  
550 NW LEJEUNE RD**

**MIAMI FL 33126**

**TR RIVERS H BUFORD III  
7201 COVEY TRACE**

**TALLAHASSEE FL 32308-6472**

**TR JAMES BRAINERD  
P O BOX 12129**

**TALLAHASSEE FL 32317-2129**