

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22035

1. Entity Name

FLORIDA ELECTRICAL APPRENTICESHIP & TRAINING, IN

APPROVED
08-28-2000 90032 018 ****61.25
FILED

00 SEP -5 PH 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

8581 AVENUE C
ORLANDO FL 32827
US

Mailing Address

8581 AVENUE C
ORLANDO FL 32827
US

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

59-2866435

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

SASSO, MICHAEL
320 N ORANGE AVENUE, STE 2700
ORLANDO FL 32801

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
After September 13, 2000 min. will be \$236.25

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

T
NAME RICHE, DAVID
STREET ADDRESS 3102 OVERLAND RD BLDG #4
CITY-ST-ZIP APOPKA FL 32703

☐ Delete

D
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change

☐ Addition

D
NAME THOMPSON, STEPHEN
STREET ADDRESS 630 KISSIMMEE AVE.
CITY-ST-ZIP OCOEE FL

☐ Delete

T
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change

☐ Addition

V
NAME ADAMS, ROBERT
STREET ADDRESS 1428 E SEMORAN BLVD SUITE 120
CITY-ST-ZIP APOPKA FL

☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

D
NAME GONZALEZ, JESSIE
STREET ADDRESS 410 NORTH STREET UNIT 130
CITY-ST-ZIP LONGWOOD FL

☒ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

P
NAME FREINER, MICHAEL
STREET ADDRESS 630 KISSIMMEE AVE
CITY-ST-ZIP OCOEE FL

☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

S
NAME SHEETS, DAVID
STREET ADDRESS 430 W DR
CITY-ST-ZIP ALTAMONTE SPGS FL

☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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: *Michael Freiner* REQUIRED Michael Freiner

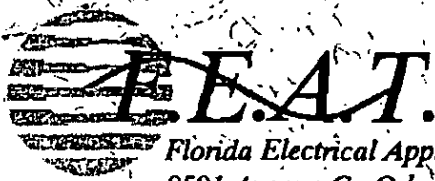
407-656-2335

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)



Florida Electrical Apprenticeship & Training, Inc.
8581 Avenue C, Orlando, Florida 32827-5033

(407) 438-3328
FAX (407) 438-8202

FEI #59-2866435

Continuation of Block 11

D
J. R. Blair
430 West Drive
Altamonte Springs, FL 32714

D
Craig Bloethner
441 W. Enterprise St.
Ocoee, FL 34769