

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22035

1. Entity Name

FLORIDA ELECTRICAL APPRENTICESHIP & TRAINING, IN

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90008 048 ****61.25

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

2900 W. Oak Ridge Rd.

Suite, Apt. #, etc.

Bldg. 1600

3. Mailing Address

P. O. Box 592949

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

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

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

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

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 D
NAME RICKE, DAVID ☐ Delete
STREET ADDRESS 3102 OVERLAND RD BLDG #4
CITY-ST-ZIP APOPKA FL 32703

TITLE T
NAME THOMPSON, STEPHEN ☐ Delete
STREET ADDRESS 630 KISSIMMEE AVE.
CITY-ST-ZIP OCOEE FL

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

TITLE D
NAME BLAIR, J.R. ☐ Delete
STREET ADDRESS 430 WEST DRIVE
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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.

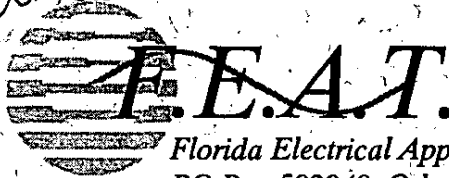
SIGNATURE

Signature Required

1/10/01 407 151-2335

CR2E037 (10/00)

Attachment Doc # N22035



COB1653

Florida Electrical Apprenticeship & Training, Inc.
PO Box 592949, Orlando, FL 32859-2949

(407) 438-3328

FAX (407) 438-8202

Uniform Business Report (UBR) Continuation

D

Craig Bloethner
441 W. Enterprise St.
Ocoee, FL 34761

D

Steve Miller
711 W. Amelia St.
Orlando, FL 32805