

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90136 011 \*\*\*\*61.25

**DOCUMENT # N22035**

1. Entity Name

**FLORIDA ELECTRICAL APPRENTICESHIP & TRAINING, IN C.**

Principal Place of Business

Mailing Address

2900 W OAK RIDGE RD  
 1600  
 ORLANDO FL 32809  
 US

PO BOX 592949  
 ORLANDO FL 32859  
 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**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SASSO, MICHAEL**  
**390 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**

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

TITLE **P** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

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

TITLE **D** ☐ Change ☒ Addition  
 NAME **Paul Gifford**  
 STREET ADDRESS **1428 E. Semoran Blvd. Suite 120**  
 CITY-ST-ZIP **Apopka, FL 32703**

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

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

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

TITLE **V** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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.

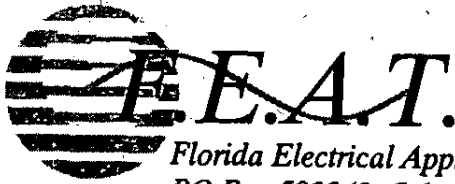
SIGNATURE: *David Riche* **David Riche**

02/19/02

407-438-3328

CR2E037 (9/01)

Attachment # N22035/507285



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

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

Additional Directors, pg. 2

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

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