

2000 UNIFORM BUSINESS REPORT (UBR)

3/

DOCUMENT # 706785

1. Entity Name

FLORIDA STATE ASSOCIATION OF SUPERVISORS OF ELEC

FILED
May 17, 2000 8:00 am
Secretary of State

03-09-2000 90096 037 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 669
TALLAHASSEE FL 32302
US

P.O. BOX 669
TALLAHASSEE FL 32302-0669
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
59-3348295

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

LABASKY, RONALD A.
318 N. MONROE ST
TALLAHASSEE FL 32301

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	<input type="checkbox"/> Delete
NAME	LABASKY, RONALD A	
STREET ADDRESS	318 N MONROE ST	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HOLLARN, PAT	
STREET ADDRESS	1804 LEWIS TURNER BLVD STE 404	
CITY-ST-ZIP	FT WALTON BCH FL 32547	
TITLE	PE.....	<input type="checkbox"/> Delete
NAME	RUGGLES, DOROTHY	
STREET ADDRESS	315 COURT ST	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	VP	<input type="checkbox"/> Delete
NAME	IORIO, PAM	
STREET ADDRESS	601 E KENNEDY BLVD 16TH FL	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JONES, BONNIE	
STREET ADDRESS	223 S PALAFOX PL RM 400	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WILKES, DOUG	
STREET ADDRESS	6564 CAROLINE ST	
CITY-ST-ZIP	MILTON FL 32570	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President - DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ruggles, Dorothy	
STREET ADDRESS	315 Court Street - Room 117	
CITY-ST-ZIP	Clearwater, FL 33756	
TITLE	President - Elect	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Iorio, Pam	
STREET ADDRESS	601 E. Kennedy Blvd. - 16th Floor	
CITY-ST-ZIP	Tampa, FL 33602	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bryant, Donna	
STREET ADDRESS	330 N. Beaumont Avenue	
CITY-ST-ZIP	Kissimmee, FL 34741	
TITLE	Secretary - DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LePore, Theresa	
STREET ADDRESS	301 North Olive Avenue - Room 105	
CITY-ST-ZIP	West PALM Beach, FL 33401	
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:

Ronald Labasky (RONALD LABASKY) 3-4-2000 850-222-3730

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (9/99)