

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 733387

1. Entity Name

FLORIDA EMERGENCY PREPAREDNESS ASSOCIATION, INC.

FILED

Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90051 049 *****61.25

Principal Place of Business

Mailing Address

719 E PARK AVE
TALLAHASSEE FL 32301
US

719 E PARK AVE
TALLAHASSEE FL 32301
US

2. Principal Place of Business

3370 Capital Cir, NE

3. Mailing Address

3370 Capital Cir, NE

Suite, Apt. #, etc.

Suite D-2

Suite, Apt. #, etc.

Suite D-2

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32308

Country

Zip

32308

Country

4. FEI Number

59-2389989

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPITZER, KURT
719 E PARK AVE
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

Steve Glass

Street Address (P.O. Box Number is Not Acceptable)

3370 Capital Cir, NE

Suite D-2

City

Tallahassee, FL

FL

Zip Code

32308

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

1/26/02

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 PD
NAME GISPERT, LARRY
STREET ADDRESS 2711 E HANNA AVE
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE SD
NAME LOCKE, JIM
STREET ADDRESS 719 E PARK AVE
CITY-ST-ZIP TALLAHASSEE FL 32301 ☐ Delete

TITLE D
NAME TRAIL, CHARLES
STREET ADDRESS 719 E PARK AVE
CITY-ST-ZIP TALLAHASSEE FL 32301 ☐ Delete

TITLE PP
NAME WINDON, KAREN
STREET ADDRESS 1112 MANATEE AVE W, SUITE 525
CITY-ST-ZIP BRADENTON FL ☐ Delete

TITLE ED
NAME SPITZER, KURT
STREET ADDRESS 719 E PARK AVE
CITY-ST-ZIP TALLAHASSEE FL 32301 ☒ Delete

TITLE VP
NAME MCQUEEN, RON
STREET ADDRESS 719 EAST PARK AVE
CITY-ST-ZIP TALLAHASSEE FL 32301 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

P.O. ☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

E.D. Steve Glass
3370 Capital Cir, NE Suite D-2
Tallahassee, FL 32308 ☐ Change ☒ Addition

PD ☒ 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/02

Date

850-906-0779

Daytime Phone #

CR2E037 (9/01)