

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90268 005 \*\*\*\*\*70.00

**DOCUMENT # 706553**

1. Entity Name

**NORTH CENTRAL FLORIDA SAFETY COUNCIL, INCORPORATED**



Principal Place of Business

**3710 N.W. 51ST ST., SUITE A  
GAINESVILLE FL 32606**

Mailing Address

**3710 N.W. 51ST ST., SUITE A  
GAINESVILLE FL 32606**

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 **59-1089435**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROWER, ROGER J  
3710 N.W. 51ST ST  
GAINESVILLE FL 32606**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PPD** ☒ Delete  
NAME **TRULUCK, STEVE**  
STREET ADDRESS **1600 S.W. ARCHER RD**  
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **P** ☐ Change ☒ Addition  
NAME **JOHN HUDSON, PH.D.**  
STREET ADDRESS **P.O. BOX 357520**  
CITY-ST-ZIP **GAINESVILLE, FL 32635**

TITLE **PPD** ☒ Delete  
NAME **PAINTER, JERRY**  
STREET ADDRESS **2425 NE 19TH DR**  
CITY-ST-ZIP **GAINESVILLE FL 32609**

TITLE **VPD** ☒ Change ☐ Addition  
NAME **STEVE HUFFSTUTLER**  
STREET ADDRESS **1105 SW 7TH ROAD**  
CITY-ST-ZIP **OCALA, FL 34474**

TITLE **VPD** ☒ Delete  
NAME **KEETER, BOB**  
STREET ADDRESS **5024 NW 27TH CRT**  
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE **VPD** ☐ Change ☒ Addition  
NAME **ALLAN PRESTON, E.I.**  
STREET ADDRESS **P.O. BOX 117700**  
CITY-ST-ZIP **GAINESVILLE, FL 32611**

TITLE **D** ☒ Delete  
NAME **TRULUCK, STEVE**  
STREET ADDRESS **1600 SW ARCHER ROAD**  
CITY-ST-ZIP **GAINESVILLE FL 32610**

TITLE **D** ☒ Change ☐ Addition  
NAME **STEVE TRULUCK**  
STREET ADDRESS **1600 SW ARCHER RD.**  
CITY-ST-ZIP **GAINESVILLE, FL 32610**

TITLE **PPD** ☒ Delete  
NAME **KIESZEK, LARRY**  
STREET ADDRESS **222 NE 1ST STREET**  
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **D** ☐ Change ☒ Addition  
NAME **DR. ROBERT ASHLEY**  
STREET ADDRESS **6800 NW 9TH BLVD**  
CITY-ST-ZIP **GAINESVILLE, FL 32605**

TITLE **VD** ☒ Delete  
NAME **PAVUK, STEVE**  
STREET ADDRESS **250 SW 36TH TER**  
CITY-ST-ZIP **GAINESVILLE FL 32607**

TITLE **D** ☒ Change ☐ Addition  
NAME **BOB KEETER, P.A.**  
STREET ADDRESS **1511 NW6TH STREET**  
CITY-ST-ZIP **GAINESVILLE, FL 32601**

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 OF ROGER J. BROWER, DIRECTOR**

**4/16/03 352/377-2566**

CR2E037 (10/02)